



A C C E S S S E C U R I T Y & A R C H I T E C T U R A L H A R D W A R E

CUSTOMER INFORMATION / OPEN ACCOUNT APPLICATION

Please print or type:

Date: _____

Company Name: _____

Proprietorship Partnership Corporation State: _____

Trade Name (if different than above): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Accounts Payable Contact: _____ Extension: _____

Ship To (if different than above): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If corporation please supply the following information r

egarding of ficers:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Title: _____ Soc. Sec. _____

Title: _____ Soc. Sec. _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Title: _____ Soc. Sec. _____

Title: _____ Soc. Sec. _____

Resale/Exempt Number (r equired): _____

D & B #: _____

For additional shipping locations, please attach a separate sheet.

Please fill out this application as completely as possible to avoid delays in shipping orders.



(Over,

(Continued from front)

Circle the answer which applies:

Does your company accept backorders?	YES	NO	SOMETIMES
Does your company require purchase orders?	YES	NO	

Circle one of the following which best describes your business:

- | | | | |
|-----------------------|----------------------|---------------|-----------------|
| 1. Locksmith/Hardware | 4. Doors/Storefronts | 6. Contractor | 8. Other: _____ |
| 3. Electrical/Alarm | 5. Safe Sales | 7. Automotive | |

To establish an open account, please supply the following information and sign below.

Bank Name: _____ Telephone: _____
 Address: _____ Checking Account: _____

Please list the name, address, telephone, fax and account number for five trade related businesses with whom you currently have open account status.

Company Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account Number: _____ Contact: _____

Company Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account Number: _____ Contact: _____

Company Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account Number: _____ Contact: _____

Company Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account Number: _____ Contact: _____

Company Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account Number: _____ Contact: _____

Signature: _____ Position: _____

For office use only:

Inquiries	1	2	3
Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL: _____	Approved: _____		

Our terms are 2%/10 days-Net 30. A late charge of 1-1/2% per month is charged on all balances over 60 days.