

Date:____

CREDIT APPLICATION

info@lockingsystems.com

BILLING / SHIPPING INFORMATION Monthly Credit Requested: Business Name: _____ Business Name: Billing Address: Shipping Address: City: State: ____ Zip:_____ State: _____ Zip:____ Main Phone Number: Main Fax Number: A/P Contact Name: A/P Fax Number: A/P E-mail Address: Duns's No. **BUSINESS INFORMATION** Partnership Check One: Corporation Proprietorship Years in Business: _____ Federal ID Number: _____ Tax Exempt: Yes No If 'YES" Sales Tax Number: _____ Tax will be added until we receive a copy of your Tax Exemption Certificate E-mail: _____ President / Owner: ____E-mail _____ VP / Finance: **BANK REFERENCE** Bank Name: _____ Contact Name: _____ _____ Phone: Account No: Complete Address: TRADE / BUSINESS CREDIT REFERENCES Please provide 3 active trade references along with account numbers to avoid delays in processing. Company Name: Contact Name: Fax: Account No. Company Name: Contact Name: Fax: Account No. Company Name: Contact Name: Fax: ____Account No._ Applicant certifies that the above information is true and correct. Applicant agrees that invoices are net 30 days from invoice date, any invoiced amounts not paid within invoice terms shall bear interest at the maximum rate permitted by law (currently 18% per annum) from the date due until paid. Applicant further agrees to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by Locking Systems in collecting any overdue amounts. Applicant authorizes Locking Systems International to contact above references as well as any credit reporting services, banks or other sources in determining whether to extend credit. **RETURN COMPLETED APPLICATION TO:** Name: Locking Systems International Inc. 6025 Cinderlane Parkway Orlando FL 32810 Title: Phone: 407-298-9895 Fax: 800.895.0706