



CREDIT APPLICATION

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Legal Name of Business: _____

Billing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ FAX: _____

List All Officers And Titles: _____

Corporation Partnership Sole Proprietorship

Year Established: _____ EIN Or SS#: _____

References: List at least one (1) Company Bank and four (4) Trade References with complete Address, Phone Number, FAX Number and your Account Number.

APPLICATIONS WILL NOT BE PROCESSED WITH INCOMPLETE INFORMATION.

Reference #1: Account #: _____

Name: _____ Address: _____

City, State & Zip: _____

Phone: _____ FAX: _____

Reference #2: Account #: _____

Name: _____ Address: _____

City, State & Zip: _____

Phone: _____ FAX: _____

Reference #3: Account #: _____

Name: _____ Address: _____

City, State & Zip: _____

Phone: _____ FAX: _____

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MIKE'S LOCK SHOP

271 York Road Warminster, PA 18974

www.accesslocktech.com

CREDIT APPLICATION

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Reference #4: Account #: _____

Name: _____ Address: _____

City, State & Zip: _____

Phone: _____ FAX: _____

Bank: _____ Account #: _____

Address: _____ City, State & Zip: _____

Phone: _____ FAX: _____

Contact: _____

The above named company or individual certifies that the information contained herein is true and correct and that (A) the above named company or individual agrees to pay all costs of collection, including reasonable attorney's fees and (B) the above named company or individual agrees to pay the maximum service charge on the unpaid balance as permitted by the state of Pennsylvania. All charges are due and payable, in full, at the office of Access Security Corp. and its subsidiaries in Warminster, Bucks County, Pennsylvania.

Access Lock Technologies, Inc. terms are **1% 10/NET 30 DAYS** from date of invoice. All invoices not paid within thirty (30) days from date of invoice will be charged interest at the rate of 1.5% per month. Acceptance by Access Lock Technologies, Inc. of less than full payment shall not be a waiver of any of Access Lock Technologies, Inc.'s rights regardless of any condition, provision, statement or notation appearing on, referring to or accompanying such check or remittance.

I have read and understand the above paragraph and agree to all terms and conditions.

Signature of Company Officer and Title

Printed Name of Company Officer and Title