



AlarMax Distributors, Inc.

Foster Plaza - Bldg. 9, Suite 310
 750 Holiday Drive
 Pittsburgh, PA 15220
 412 / 921-8330 800 / 425-2760 (Billing)
 FAX: 412 / 921-4333

APPLICATION FOR CREDIT

- | | |
|---|---|
| <input type="checkbox"/> NATIONAL SALES DEPT. | <input type="checkbox"/> New Application |
| <input type="checkbox"/> BELTSVILLE, MD | <input type="checkbox"/> Increase in Line |
| <input type="checkbox"/> PLYMOUTH MEETING, PA | |
| <input type="checkbox"/> PITTSBURGH, PA | <input type="checkbox"/> RIVERSIDE, CA |
| <input type="checkbox"/> HACKENSACK, NJ | <input type="checkbox"/> LAS VEGAS, NV |
| <input type="checkbox"/> MANCHESTER, NH | <input type="checkbox"/> ATLANTA, GA |
| <input type="checkbox"/> CLEVELAND, OH | <input type="checkbox"/> FAIRFIELD, NJ |
| <input type="checkbox"/> COLUMBUS, OH | <input type="checkbox"/> BOSTON, MA |
| <input type="checkbox"/> CINCINNATI, OH | <input type="checkbox"/> DENVER, CO |
| <input type="checkbox"/> BALTIMORE, MD | <input type="checkbox"/> HOUSTON, TX |
| <input type="checkbox"/> LOS ANGELES, CA | <input type="checkbox"/> BOHEMIA, NY |

Company Name		Date of Application
Street Address	Area Code/Phone No.	Tax Payer I.D. #
City	State	Zip

Fax #	E-mail	County
Person To Contact In Case Of Questions		
Taxable _____ Yes _____ No	Tax Exemption #	

If Non-Taxable, please enclose a copy of your Tax Exemption Certificate.

Please indicate your Company's purchasing rules:

- | | |
|-------------------------------------|--|
| 1 _____ Must have purchase order. | 4 _____ Purchases by _____ only. |
| 2 _____ Must have shipping address. | 5 _____ No back orders. |
| 3 _____ Call for approval. | 6 _____ Call on purchases over \$ _____. |
| 7 _____ Special instructions: | |

General Information

PRINCIPALS/OFFICERS					
	Owners, Partners or Officers Names	Title	% of Ownership	Home Address	Home Phone
1					
2					
3					

Legal Composition of Business

Date Founded	Years at Present Location	Own <input type="checkbox"/>	Lease <input type="checkbox"/>	Rent <input type="checkbox"/>
Type of Business	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	State of: _____		
Parent Corp.	Date Incorporated			
Nature of Business				
Amount of Credit Desired	Estimated Annual Requirement			
Annual Sales Volume	\$ _____			
Accounts Payable Contact Person				

Banking References

1	Bank Name	_____		
	Address	_____		
	Phone No.	_____	Contact Person	_____
	Type of Account & No.	<input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____		
2	Bank Name	_____		
	Address	_____		
	Phone No.	_____	Contact Person	_____
	Type of Account & No.	<input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____		

ALARMAX Use Only

Date _____ Approval _____
 Account # _____
 Credit Line _____
 Credit Terms _____

