



AlarMax Distributors, Inc. Credit Card / Check Acceptance

Foster Plaza - Bldg. 9, Suite 310
 750 Holiday Drive
 Pittsburgh, PA 15220
 412 / 921-8330 800 / 425-2760 (Billing)
 FAX: 412 / 922-7588

- ATLANTA, GA
- BALTIMORE, MD
- BELTSVILLE, MD
- BOHEMIA, NY
- BOSTON, MA
- CINCINNATI, OH
- CLEVELAND, OH
- COLUMBUS, OH
- DENVER, CO
- FAIRFIELD, NJ
- HACKENSACK, NJ

Application

- HOUSTON, TX
- LAS VEGAS, NV
- LOS ANGELES, CA
- MANCHESTER, NH
- PITTSBURGH, PA
- PLYMOUTH MEETING, PA
- RIVERSIDE, CA

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 _____

Acknowledgement and Agreement to the Following Terms and Conditions of Sale:

Payment Terms: In consideration of your supplying products on open account credit terms, it is understood this account is to be paid in full on terms of C.O.D. I agree that, should I fail to fulfill any of the obligations under this credit agreement, fail to comply with any payment terms, or in the event any check be dishonored by my bank for any reason, or any trade/acceptance note not be paid when due, then the entire balance owing on this account will become due and immediately payable and any credit limitation established will be withdrawn. Upon such fault, I further agree to pay any and all service charges legally applied to the indebtedness due.

Warranty: AlarMax provides no warranties of any kind, either express or implied. Individual products may carry manufacturer's warranties. AlarMax is not a party to these warranties (if any) and delivers these products with warranty solely on a pass-through basis.

Guarantee: I/we agree to bind myself/ourselves that I/we will personally guarantee payment of this account. The guarantor(s) hereby agree to pay all purchases within the payment terms of C.O.D. and to pay an added service charge of 1½% per month on all delinquent invoices or portion thereof until paid (or the legal maximum allowed in the buyer's state). The guarantor(s) further agree that if the account is placed in the hands of an attorney for collection or collection agency due to a past due condition, the guarantor(s) hereby agree to pay all collection fees and/or attorney fees plus court costs (if any). These terms and conditions shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania.

The undersigned hereby agrees to the above terms and conditions of sale and certifies that the information submitted is true and correct and the information furnished is a true and accurate statement of the financial condition of the company as of the undersigned date. The undersigned also authorizes the listed suppliers and banking references to respond fully when AlarMax contacts them in connection with this APPLICATION for CREDIT.

Date _____ Authorized Signature: _____

SS# _____

Authorized Signature: _____

SS# _____

Consideration for a COD or credit card account will be given upon receipt of this completed and signed application.

In the event my account goes out of terms, AlarMax has my authorization to apply charges on the following VISA/MasterCard account (circle one).

Account # _____ Exp. Date _____ Authorized Signature _____

*** Copy of credit card and photo ID required before application will be processed**

Please Submit Your Application Today We Will Begin Processing it Immediately!
(fax completed and signed form to 866-303-4755)