

REQUEST FOR OPEN ACCOUNT

LockMasters USA Inc

The Better Way to Buy Padlocks

P O Box 2532 • Panama City FL 32402-2532
(850) 914-2949 • (800) 461-0620 • Fax (850) 914-9754

Individual Sole Proprietorship Partnership Corporation

Federal Tax ID # _____

Company Name _____ In Business Since _____

Phone [] _____ Fax [] _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Business Description _____ Credit Limit Requested - \$ _____

Operating Officer _____ Phone [] _____

Financial Manager _____ Phone [] _____

Purchasing Manager _____ Phone [] _____

Other Authorized Buyer _____ Purchase Order Required? _____

Other Authorized Buyer _____ Purchase Order Required? _____

BANK REFERENCE

Bank Name _____ Contact Name _____ Account # _____

Phone [] _____ Fax [] _____ Email _____

TRADE REFERENCE #1

Bank Name _____ Contact Name _____ Account # _____

Phone [] _____ Fax [] _____ Email _____

TRADE REFERENCE #2

Bank Name _____ Contact Name _____ Account # _____

Phone [] _____ Fax [] _____ Email _____

TRADE REFERENCE #3

Bank Name _____ Contact Name _____ Account # _____

Phone [] _____ Fax [] _____ Email _____

ALMOST DONE! JUST MAKE SURE TO SIGN THE SECOND PAGE

**Authorization to Collect Information
and Customer Agreement**

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I hereby authorize **LockMasters USA Inc** to make any inquiry appropriate to establishing credit for Company Name. I understand that LockMasters USA Inc will contact my business trade references and authorize them to answer the questions below. I understand that unless we have made specific alternative arrangements at the time of placing any order, the standard terms of such credit are that the net amount of each invoice will be due within 30 days following shipment; that late charges of 1.5% per month may be assessed on all past due invoices; and that our open account status will be maintained subject to periodic review of our payment history.

Officer's Signature _____ Date _____

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FOR REFERENCES ONLY, NOT CUSTOMER APPLYING FOR CREDIT

The above company has authorized you to answer the following questions, please fill out and fax back to **(850) 914-9754** as soon as possible so that we can approve their application.

Company Name _____ Account # _____

Current Credit Terms they have with you _____

How long have you been doing business with them? _____

This Customer's Payment Pattern is (circle one):
Always on Time Sometimes on time, sometimes late, but never more than 30 days
Always late, but never more than 30 days Over 30 days late
Pays by credit card or COD

Thank you for your help! Please call us at 1-800-461-0620 if you have any questions.