



CREDIT APPLICATION AND TERMS (RESIDENTIAL/INDIVIDUAL)

CUSTOMER NAME:
BILLING ADDRESS:
CITY/STATE/ZIP:
SITE ADDRESS:
CITY/STATE/ZIP:
PHONE: () FAX: ()
SOCIAL SECURITY # DRIVER'S LICENSE #
SPOUSE/ALTERNATE CONTACT

EMPLOYMENT REFERENCE

Table with 4 columns: NAME OF EMPLOYER, CONTACT PERSON, TITLE, PHONE #

BANK REFERENCE

Name of Bank:
Address:
Phone #: Contact Person:
Account:

EXISTING CREDIT GRANTORS

Table with 3 columns: INSTITUTION NAME, ACCOUNT #, PHONE #

In the interest of good business, it is desirable to establish a policy to avoid misunderstandings. Therefore, we wish to clarify the following:

PAYMENT TERMS: Net 10 Days TERMS OF SALE: Applicant authorizes the creditor to make inquiry of financial and related matters for the purpose of granting credit. In order to encourage prompt payment, a delinquent charge of 18% per annum and/or a \$25.00 late fee may be added to cover the cost of additional handling required. NSF checks will be subject to a \$25.00 fee.

The above information is warranted to be true and I have read and accept credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account, I will pay all fees, including collection costs, attorney fees and all court costs.

Applicant's Name (Please Print)
Signature: Date:

Account # Allied Security Use Terms Date Processed

Approved [] YES [] NO By Date
Credit Limit

(Attach reason for disapproval)