



411 Charles Street, Providence, RI 02904
Phone: (401) 944-3500 Fax: (401) 944-5492

ACCOUNT / CREDIT APPLICATION

Date Submitted: _____

Bill To Information				Ship To Information (if same as bill to write SAME in name field)			
Bill To Name				Name			
Address				Address			
City		State	Zip	City		Stat:	Zip
Phone		Fax		Phone		Fax	
Website:							
Type of Ownership: <input type="checkbox"/> Sub-S <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLc							
Resale Tax Exempt # ,if exists (submit copy with Application):				Federal ID (if Corporation):		Date Business Established	

Business or Account Type (check one)

<input type="checkbox"/> Alarm / Low Voltage Contractor	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Industrial/Commercial Maintenance	<input type="checkbox"/> Systems Integrator
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Educational	<input type="checkbox"/> Municipal	<input type="checkbox"/> Architect, Engineer, Designer
<input type="checkbox"/> Wholesale / Reseller			
<input type="checkbox"/> Other:			

Estimated Monthly Volume (\$):		Number of Full Time Employees:	
What is your primary product interest:			
Who are your current preferred Supplier(s):			
Our Normal Purchasing Pattern (check one):	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Annually	<input type="checkbox"/> Contract only

Primary – Key Contact Information

Name	Title	E-Mail	Cell Phone	Direct Phone or Ext.
	President			
	VP			
	Acct Payable			
	Purchasing			

Person Requesting Account: _____

Person Completing Form: _____

Approved Account Payment Methods (check one)

<input type="checkbox"/>	Visa, Master Card, Discover or American Express card will be kept on file for regular charge by representatives of your account *(check box)
*note – a separate credit card authorization form must be filled out prior to this function being available. Completed Credit Card Authorization form will imply this box as being checked	
<input type="checkbox"/>	We will pay for orders in advance or at time or pick up with cash, check or credit card

*note –Pre Programming or special order item(s) will not be processed until payment is received

TO APPLY FOR OPEN CREDIT TERMS PLEASE FILL OUT REVERSE SIDE



THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN STRICT CONFIDENCE:

Bank / Financial Institution Information			
Bank Name	Address	Telephone	Fax
Contact Name	Account Number		

Trade References (Minimum 2)					
	Name	Acct #	Address	Tele #	Fax #
1.					
2.					
3.					
4.					
5.					

Officer / Owner Information				
Name	Title	Social Security #	Cell Phone	Direct Phone
	President or Owner			
	Vice President or Co-Owner			

Method of Transmission of Invoices & Statements (Check One)							
<input type="checkbox"/>	Mailed	<input type="checkbox"/>	Faxed	<input type="checkbox"/>	E-Mail	<input type="checkbox"/>	In Store Pick up
	Fax #:		E-Mail Address:		Store Location: Cranston, RI		

In making this application for credit, the customer agrees to pay all invoices within terms stated on invoice and to pay a service charge of 1 1/2 % per month which is an annual percentage rate of 18% on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorney's fees, for appeal. In addition, we authorize Security Supply to contact any banking or trade reference listed and/or provided.

APPLICATION SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS STATED ON INVOICE

_____ Signature	_____ Printed Name	_____ Date
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Personal Guarantee

I, the undersigned, hereby personally, jointly, and severally guarantee(s) payment of all invoices and other charges as set forth above for the above noted firm, and understand payments on accounts will be applied against the oldest open invoices.

Upon any default of the customer of any obligations, such obligations shall become immediately due, and you may proceed against the undersigned, or any one of them.

This guaranty shall be binding by the undersigned, his legal representation and assigns, and shall insure to your benefit of our successor and assigns and shall be governed by the laws of Rhode Island.

_____ Signature	_____ Printed Name	_____ Date
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- Signature must be an individual listed in the Officer / Owner Information section