

Signed:_____

Signed:_____

Wholesale Locksmith Supplies & Door Hardware 190 Veterans Drive Northvale, NJ 07647 Telephone: (201) 768-0808

ephone: (201) 768-0808 Fax: (201) 768-3883

CREDIT APPLICATION

General Information:	
Account Name:	
Billing Address:	Shipping Address:
City, State, Zip:	City, State, Zip:
Telephone:()	
Check One: ☐ Individual proprietorship ☐ Partnership ☐ Corporation	
How long in business?Years	
Approximate annual sales volume:\$Number of employees	
Owners/Principals:	
Name:	Name:
Title (if corporation):	Title (if corporation):
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Bank Reference:	
Bank Name:	Bank Phone: ()
Bank Address:	Checking Account #:
City,State,Zip:	Savings Account #:
Trade References:	
Company Name:	Your Account #:
Address:	Phone #: ()
City, State, Zip:	Fax #: ()
Company Name:	Your Account #:
Address:	Phone #: ()
City, State, Zip:	Fax #: ()
Company Name:	Your Account #:
Address:	Phone #: ()
City, State, Zip:	Fax #: ()
Terms: Late payments are subject to a late charge which is computed by a "periodic \$50.00) on all balances past due 30 days or more, which is an annual rate of 24%. The payments. All invoices referred for collection will be subject to costs of collection and	ese late charges ar applied to previous balances after deducting current
I(we) the undersigned understand that the above information is given for of this information. I(we) certify that I am(we are) one of the above name complete, and that I(we) have read and agree to the above stated terms by the above company(corporation) from Craftmaster Hardware Co., Inc.	ed principals or officers, that the above statements are true and s. I(we) also personally guarantee payment for all goods ordered

Title(if corporation):_____

Title(if corporation):_____

Date:_____

Date:_____