



Distributors, Inc.
 1000 North Braddock Avenue, Suite 100
 Pittsburgh, PA 15220
 412-921-8330 800-425-2760 (Billing) FAX: 412-921-4333

CREDIT CARD/CHECK ACCEPTANCE APPLICATION

AlarMax Branch

Click any field to enter text; then Print

Company Name			Date of Application	
Street Address		Phone No.		Fax #
City		County	State	Zip
Person to Contact in Case of Questions		E-mail		Tax Payer/I.D.#
Taxable <input type="checkbox"/> Yes <input type="checkbox"/> 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.
- 2 Must have shipping address.
- 3 Call for approval.
- 4 Purchase by _____ only.
- 5 No back orders.
- 6 Call on purchases over \$ _____.
- 7 Special instructions _____

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 banking references to respond fully when AlarMax contacts them in connection with this APPLICATION for C.O.D. account.

PRINT the form, then fill out the remaining information below.

Date _____ Authorized Signature: _____

SS# _____

Authorized Signature: _____

SS# _____

Consideration for an increase or establishment of a C.O.D. 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/Discover/American Express account (circle one).

Account #

Authorized Signature

CVV Code

Exp. Date

***Copy of Credit Card and Photo ID Required Before Application Will Be Processed**

Please Submit Your Application Today – We Will Begin Processing It Immediately!