



LEE'S LOCK & SAFE
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CREDIT APPLICATION

Instructions: Please print or type. Fill in all spaces and complete by signing where indicated. A signature is mandatory and should be signed by the owner, partner or corporate officer, stating title.

Company Name _____

If Corporation – Full Corporate Name _____

Business Address _____ Suite # _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Date Established _____ At Present Location _____

OWNERSHIP DATA: Individual Owner___ General Partnership___
Limited Partnership___ Corporation___

If Incorporated: Date Incorporated _____ Under Laws of what state? _____

OWNERS/OFFICERS:

1. Name _____ Title _____ S/S# _____

Home Address _____ Home Phone _____

2. Name _____ Title _____ S/S# _____

Home Address _____ Home Phone _____

Main Purchasing Contact _____ Phone _____

General Email Address: _____

Names of individuals authorized to charge on account:

1. _____ 2. _____

3. _____ 4. _____

Do you require purchase orders for each purchase? Yes___ Not Applicable___

Other Requirements (explain) _____

State Sales Tax# / Resale# _____ Issued by (state) _____

Federal Tax# _____

Have any principals ever had a business failure or filed bankruptcy? Yes _____ No _____
If "YES" please describe fully on a separate page...

Describe your business operation _____
Your Sales Area Covered _____ Total # of Employees _____

Is your business location owned or leased? _____
If leased – Name, address and telephone number of landlord:

BANK REFERENCES:

1. Name _____ Address _____
Account Type _____ Account # _____ Phone _____

2 Name _____ Address _____
Account Type _____ Account # _____ Phone _____

BUSINESS REFERENCES: (trade references)

1. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

The above information is submitted for the purpose of obtaining credit. The undersigned authorized you to make such inquiries as are necessary to obtain credit information and authorizes my bank and/or suppliers to release information regarding my account(s). In consideration for the extension of credit, I/we agree to pay a late charge of 1 1/2% per month, a true annual rate of 18% per annum on any amounts past due thirty (30) days after billing, and to pay all responsible attorney's fees and the costs, if it becomes necessary to file suit to enforce collection.

Signature _____ Print Name _____

Title _____ Date _____