

Open _____	Account Number _____	COD _____	Credit Limit _____
Sales Representative _____		Terms _____	

Account Application

Company Name: _____ Date: _____

Have you had an account with us before? _____ Previous Account Number: _____

How long have you owned this business? _____ Business Class: Incorporated Partnership Sole Proprietor

Date of Incorporation: _____ State: _____ What market do you serve? _____

Type of Account Requested: Open Closed Expected Monthly Purchases \$ _____

How many locksmiths do you employ, including you? _____ Locksmith License Number: _____

Business Information

Bill To Address (all mailings)

Company Name: _____

Mailing Address: _____

City, State _____ Zip: _____

Phone Number: (____) _____

Ship To Address (if different than billing)

Company Name: _____

Street Address: _____

City, State _____ Zip: _____

Phone Number: (____) _____

Name and Address of Corporate Officers, Partners or Sole Owner

Name: _____ Title: _____ Social Security Number: _____

Street Address: _____

City, State: _____ Zip: _____

Trade References

Company Name: _____	Company Name: _____
Mailing Address: _____	Street Address: _____
City, State _____ Zip: _____	City, State _____ Zip: _____
Phone Number: (____) _____	Phone Number: (____) _____
Fax Number: (____) _____	Fax Number: (____) _____
Account Number: _____	Account Number: _____

Invoicing

All shipments go out with a packing slip in the box. The invoice is mailed separately. Please check below any additional services required for your particular payables system.

Invoice included in the box Other: _____

P.O. and Tax Information

Authorized Purchase Agent(s): _____ P.O. Required on all orders: Yes No

Will Accept Backorders: Yes No Will Accept Partial Orders: Yes No

Taxable: Yes No *Resale Number: _____ Tax ID Number: _____

*County: _____ *PLEASE ATTACH COMPLETED TAX CARD



VISIT OUR WEBSITE @ MDINDSEC.COM
Tel 301.809.9777 Fax 301.809.9666

Accounts Payable Information

Accounts Payable Contact

Name: _____

Name: _____

Phone Number: (_____) _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Fax Number: (_____) _____

Company Terms

1. All invoices must be paid according to the terms stated on the invoice.
2. All orders will be shipped COD unless an "Open" account has been established.
3. Past due accounts are subject to COD shipments or orders being held.
4. Returned merchandise must have a pre-returned authorization and is subject to a 25% restocking charge.
5. A finance charge of 1.5% per month will be assessed on all past due balances.
6. Seller shall be entitled to collect reasonable costs of collection, including attorney's fees, court costs and legal interest on accounts.
7. This agreement shall be governed and constructed in accordance with the laws of the State of Maryland, and any disputes shall be settled in the County of Prince George, State of Maryland.

In consideration of extension of credit by Maryland Industrial Security, Inc., I/We agree to the terms of sale as set forth herein. By signing this application, applicant hereby authorized Maryland Industrial Security, Inc., to investigate and confirm information supplied in this application (including the running of credit reports) and report applicants' credit experience to proper parties. Maryland Industrial Security, Inc., reserves the right to establish credit limits and to revoke charge privileges with or without notice.

Date: _____ Signature: _____ Title: _____

Date: _____ Signature: _____ Title: _____

Continuing Guarantee

I, _____ residing at _____
Name of Guarantor (Please Print) Home Address

for and in consideration of you extending credit at my request to: _____
Name of company requesting credit

(herein after referred to as the "company") an entity in which I have direct financial interest and / or of which I am an officer or agent, herby guarantee, and promise to pay Maryland Industrial Security, Inc., on demand, in lawful money of the United States in immediately available funds, all amounts owed by company to Maryland Industrial Security, Inc. including (amounts outstanding on account for products sold). It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I expressly acknowledge that this Guarantee is independent of the obligations of company and that Maryland Industrial Security, Inc. may bring a separate action to enforce the provisions hereof against me without taking any action against guarantor. I expressly agree that, without notice to me and without obtaining my furthest consent and without affecting my liability hereunder, Maryland Industrial Security, Inc. may renew, extend, modify, accelerate, pursue, compromise, increase or otherwise alter the company obligations. I also agree that Maryland Industrial Security, Inc. is not obligated to keep me informed of company's financial condition or other facts relevant to its ability to pay the company obligations and that I will keep myself informed. I also hereby expressly wave: 1.) any defenses available to borrower; 2.) any defense based on an election or remedies; 3.) any defense based on any statute or rule of law which provides that a surety's obligation must not be burdensome or larger in amount than the principal's obligation; 4.) any right of subrogation; 5.) presentment, demand, protest and notice of any kind. I also expressly consent to any modification or renewal of this credit agreement and to all renewals of extension of credit. Finally, I agree to pay all costs of collection including, but not limited to, reasonable attorney's fees and whether or not a lawsuit is involved. This guarantee is delivered to and accepted by Maryland Industrial Security, Inc. in the State of Maryland and shall be governed by, constructed and enforced in accordance with the laws thereof.

Name of Witness (Please Print)

X _____
Signature of Guarantor

Signature of Witness

Date

Social Security Number of Guarantor



Maryland Industrial Security Inc.

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