



Distributors, Inc.
 381 Mansfield Avenue, Suite 205
 Pittsburgh, PA 15220
 412-921-8330 800-425-2760 (Billing) FAX: 412-921-4333

APPLICATION FOR CREDIT

AlarMax Branch (see back page)

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 <input type="checkbox"/> Must have purchase order. | 4 <input type="checkbox"/> Purchase by _____ only. |
| 2 <input type="checkbox"/> Must have shipping address. | 5 <input type="checkbox"/> No back orders. |
| 3 <input type="checkbox"/> Call for approval. | 6 <input type="checkbox"/> Call on purchases over \$ _____. |
| 7 <input type="checkbox"/> 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 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 _____	

List of Principal Suppliers

1	Company Name			3	Company Name		
	Address				Address		
	Phone No.	Fax No.	Account No.		Phone No.	Fax No.	Account No.
2	Company Name			4	Company Name		
	Address				Address		
	Phone No.	Fax No.	Account No.		Phone No.	Fax No.	Account No.

*** Suppliers will not provide reference without account number.**

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 net 30 days FOB shipping point. 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 net 30 days FOB shipping point 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 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 suppliers and banking references to respond fully when AlarMax contact them in connection with this APPLICATION for CREDIT.

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

Date _____ Authorized Signature: _____

SS# _____

Authorized Signature: _____

SS# _____

Consideration for an increase or establishment of an open line of credit 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 _____

Please Submit Your Application To Your Preferred Branch Today!

(See next page)

Send your completed application to your preferred branch, listed below.

You may fax or mail applications or stop in your nearest branch!
Call your branch with any questions.

Atlanta, GA

3621 Clearview Parkway
Atlanta, GA 30340
770-455-3500
866-569-8658
Fax: 770-455-3534

Baltimore, MD

2163 Greenspring Drive
Timonium, MD 21093
410-683-1802
800-503-4821
Fax: 410-683-1808

Beltsville, MD

12200 Kiln Court, Suite F
Beltsville, MD 20705
301-210-4511
800-708-0806
Fax: 301-210-4519

Boston, MA

7 Wheeling Avenue
Woburn, MA 01801
781-933-8100
800-639-3605
Fax: 781-933-3377

Charleston, WV

1 Fletcher Square
Charleston, WV 25064
681-661-6358
Fax: 681-661-6361

Cincinnati, OH

5837 Creek Road
Blue Ash, OH 45242
513-576-1700
800-892-5276
Fax: 513-576-6100

Cleveland, OH

5353 Majestic Parkway,
Unit B
Bedford Heights, OH
44146
440-786-0544
888-657-3692
Fax: 440-786-0993

Columbus, OH

2215 Citygate Drive,
Suite C
Columbus, OH 43219
614-476-4080
877-874-3306
Fax: 614-476-4180

Dallas, TX

2158 W NW Highway
Suite 405
Dallas, TX 75220
214-269-1000
214-269-1001 fax

Des Moines, IA

Cassidy Technologies
1335 NE 50th Ave
Des Moines, IA 50313
(515) 280-4804

Hackensack, NJ

110 Hobart Street
Hackensack, NJ 07601
201-489-0634
800-825-2599
Fax: 201-489-0563

Houston, TX

350 W 38th Street
Houston, TX 77018
713-742-0748
800-201-8492
Fax: 713-742-0717

Largo, FL

12640 62nd Street N.
Largo, FL 33773
727-538-5400
866-645-6954
Fax: 727-538-2300

Las Vegas, NV

5850 Polaris Avenue
#1500
Las Vegas, NV 89118
702-940-5000
800-503-4822
Fax: 702-940-5001

Long Island, NY

1574 Lakeland Ave., Unit 1
Bohemia, NY 11716
631-218-8908
888-218-3371
Fax: 631-218-8909

Los Angeles, CA

15206 Keswick Street
Van Nuys, CA 91405
818-786-0278
877-346-2122
Fax: 818-786-0391

Manchester, NH

100 Zachary Road
Manchester, NH 03109
603-668-9559
800-639-2024
Fax: 603-623-3940

Ontario, CA

1630 S Grove Ave., Unit A
Ontario, CA 91761
909-673-9760
Fax 866-361-2654

Phoenix, AZ

3645 E. Atlanta Ave.,
Suite #2
Phoenix, AZ 85040
602-438-7005
855-287-2501
FAX 602-438-7090

Pittsburgh, PA

3021 Liberty Avenue
Pittsburgh, PA 15201
412-338-9070
800-969-6968
Fax: 412-338-9079

Plymouth Meeting, PA

4110 Butler Pike
Suite B120
Plymouth Meeting, PA
19462
610-832-0480
800-966-0668
Fax: 610-832-0473

Riverside, CA

1313 Chicago Ave.,
Suite 110
Riverside, CA 92507
951-275-9915
877-346-5097
Fax: 951-275-9569

St. Paul, MN

Cassidy Technologies
2135 Energy Park Drive
St. Paul, MN 55108
612-333-0646

San Antonio, TX

11915 Starcrest Dr.
San Antonio, TX 78247
210-499-0973
855-399-2256
Fax: 210-495-0564

San Diego, CA

8195 Mercury Ct., Ste. 100
San Diego, CA 92111
858-836-1098
Fax: 858-266-0884