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MAIL TO
Post Office Box 746
Clemmons, NC 27012



SECURITY ENGINEERING, INC.

NEW ACCOUNT APPLICATION

CHARLOTTE BRANCH
627-C Minuet Lane
Charlotte, NC 28217
Phone: 704-521-8620
WATS: 800-521-8620
FAX: 704-527-8720

RALEIGH BRANCH HAS MOVED
1129 Corporation Pkwy. #121
Raleigh, NC 27610
Phone: 919-212-3320
WATS: 800-316-7419
FAX: 919-212-3321

Amount of Credit Requested _____

GENERAL INFORMATION (Please print or type)

Company Name _____

Name on Business License _____

Burglar Alarm Installers License in state of _____ License No. _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Phone (____)____-____ Fax Number (____)____-____ FED ID # _____

BUSINESS ORGANIZATION: Proprietorship ____ Corporation ____ Partnership ____
Subsidiary of _____

State of Incorporation _____ Date _____ Years in Business _____

Accounts Payable Contact _____ Position _____

PRINCIPAL OWNERS, STOCKHOLDERS AND OFFICERS:

Name _____

Title _____

Social Security No. _____

Home Address _____

City/State/Zip _____

Home Telephone _____

TRADE REFERENCES: Three trade references are required. Please do not list any references with whom you have not done business in the past three months.

Name _____

Address _____

City _____

State _____

Zip _____

Phone (____)____-____ (____)____-____ (____)____-____

Account No. _____

OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
CREDIT LINE	
BY _____	DATE _____

BANK REFERENCES:

Bank Name _____ Branch Name _____

Address _____

City/State/Zip _____

Phone (____)____-____ Account Number _____ Type _____

FINANCIAL INFORMATION

To establish a credit account we must receive a current financial statement from your company, preferably an audited statement containing a qualified opinion. In the absence of the opinion or if the statement is not produced by an outside CPA firm, the statement must be signed by a company officer. By signing and dating the unaudited financial statements, the officer is attesting to the accuracy. Any and all information contained in the statements will be held strictly confidential.

SALES TAX VALIDATION: (Check one) Taxable _____ Non-Taxable _____
Please attach a completed and signed resale or sales tax exemption certificate for your state if you should not be charged state sales tax. You will be charged sales tax until we have this certificate on file.

PERSONAL GUARANTEE OF ACCOUNT:

In consideration of SECURITY ENGINEERING, INC. selling products to the company making this application, I/we agree to the following terms:

1. Our suppliers and banking institutions are hereby authorized to release our account history to SECURITY ENGINEERING for the purpose of credit evaluation.
2. Remittances for all purchases must be made with immediately available funds, unless other arrangements have been made in writing.
3. Remittances for purchases must be received at the appropriate address and within the terms shown on each invoice.
4. All costs of collection and/or legal fees incurred by SECURITY ENGINEERING in collecting or enforcing this account on default shall be paid by the undersigned.
5. Payment of all indebtedness due and owing to SECURITY ENGINEERING on the above named account is unconditionally guaranteed by the undersigned.
6. The terms of this account shall be NET 30 DAYS and the legal rate of interest shall be paid by the applicant on all delinquent account balances.
7. The financial information submitted with this application is true and correct.

In the event that this Guarantee is signed by more than one (1) person, the obligations of the signers shall be joint and several.

Please sign as an individual only. DO NOT USE COMPANY NAMES OR TITLES AS THEY INVALIDATE THE GUARANTEE.

Signature _____(Seal) Date _____

Spouse's Signature _____(Seal) Date _____
(If married, spouse MUST sign)

Social Security No. _____ Spouse's Social Security No. _____

OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
CREDIT LINE	
BY _____	DATE _____