

Credit Application

Business Name: _____ D.B.A: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____ Website: _____ Email: _____
Individual: _____ Partnership: _____ Corporation: _____ Date Established: _____
Date of Incorporation: _____ State of Incorporation: _____ Tax ID Number: _____
Type of Business: _____ At Present location since: (Date) _____
Accounts Payable Contact: _____ Phone: () _____
Do you owe any of your other suppliers a bill that is more then 60 days old? Yes _____ NO _____
Explanation: _____

Owners Full Name: _____ Owners Full Name: _____
Home Address: _____ Home Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
SSN #: _____ Date of Birth: _____ SSN #: _____ Date of Birth: _____
Home Phone: () _____ Home Phone: () _____
Email: _____ Email: _____

Credit References:

1. Company Name: _____ Contact: _____ Account #: _____
Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
2. Company Name: _____ Contact: _____ Account #: _____
Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
3. Company Name: _____ Contact: _____ Account #: _____
Phone: () _____ Fax: () _____
Address: _____ City: _____ State: _____ Zip: _____

Bank Reference:

Bank Name: _____ Contact: _____ Account #: _____
Phone: () _____ Fax: () _____
Address: _____ City: _____ State: _____ Zip: _____
I (we) consent that you may release normal credit information relative to my company, as named above to SAY LLC and our agents.
Name: _____ Title: _____ Signature: _____ Date: _____

Credit Requested: _____

Expected Annual Purchases: _____

The information contained herein and which may be attached hereto is true and complete, and is provided for the purpose of inducing SAY LLC to establish credit for the applicant. The information contained or attached is provided by an authorized individual of the entity applying for the credit with SAY LLC. SAY is authorized to obtain any additional information it may consider necessary for determination of such credit line. Applicant also agrees to SAY's standard terms of sale of net 15 days (unless otherwise arranged by written notice) from the date of invoice, and agrees to pay a service charge of 1.5% per month or 18% per annum on all past due invoices. Applicant understands that in the event of any default, the undersigned shall be responsible for all costs of collection, damages and expenses including actual attorney's fees and costs, whether or not litigation is commenced. Special factory orders cannot be canceled and require a 50% deposit. Returned items are subject to a 25% restocking charge.

Signature: _____ Date: _____

Name (print): _____ Title: _____

Personal Guarantee

I hereby absolutely and unconditionally guarantee the credit account, debt or obligation of Business Name: _____

This is a continuing guarantee and shall continue as long as credit is extended on the account, debt or obligation to proceed first against debtor or any other guarantor. I further agree to pay all attorney fees, collection fees and other expenses incurred in enforcement of the underlying obligation. In the event of litigation against me, suit may be brought in the Court of Allen County, Ohio. This guaranty remains in effect until written notice to cancel has been sent to creditor, which will not affect existing amount owed.

Signature: _____ Date: _____

Name (print): _____

For SAY LLC Use Only

Customer account #: _____

Credit References Verified By: _____ Date: _____

Credit Line Established: _____ Terms: _____

Authorized By: _____ Date: _____

Assigned Rep: _____

SAY Security Group USA LLC
520 E Montford Ave. Ada, Ohio 45810
Phone: 800-464-0831 Fax: 800-464-0832
www.saysecurity.com

SAY Security Group USA, LLC.

520 E. Montford Ave.; Ada, OH 45810 Phone: 1-800-464-0831 Fax: 800-464-0832

Bank Information Request

Date _____

To: _____

Please provide bank information on the account referenced below. The information is requested for use in the extension of credit for business purpose only and will be held in strict confidence. We have obtained written authorization from the customer so this information can be released.

Co: _____

Officer's Signature _____

Account # _____

Date Opened _____

Average Balance _____

Satisfactory Account? _____

Information Provided By:

Name _____

Title _____

Date _____

Comments _____
