Net 30 day payment terms application

Submit completed form to sales@maglocks.com

Anticipated Annual Purchases: $ _____ **Requested Credit Limit: $** _____

Business Information:

Company Legal Name _____ Trade Name - d/b/a _____

D&B # _____

Billing Address:

Street Address - Include any unit or suite #'s _____

City _____ State _____ Zip Code _____

Country _____

Shipping Address:

Street Address - Include any unit or suite #'s _____

City _____ State _____ Zip Code _____

Country _____

Tax Exempt? ☐ Yes ☐ No — If yes, include a copy of your tax exemption certificate(s)

Are Purchase Orders used to place orders? ☐ Yes ☐ No

If no, how are authorized orders sent? _____

Type of Business: ☐ Business / End User ☐ Reseller / Distributor ☐ Installer

☐ Other: _____

Type of Ownership: ☐ "C" Corporation ☐ "S" Corporation ☐ Limited Liability ☐ Sole Proprietor

Type of Entity: ☐ Non-Profit ☐ Public ☐ Private

State of Incorporation/Registration _____ Year _____ Tax Payer ID # _____

Company Contact Information:

Name of Primary Accounts Receivable Contact _____ Email _____ Phone Number _____ Fax Number _____

Additional Contact Information:

President / General Manager _____ Email _____

Purchaser/Buyer _____ Email _____

Accounting Controller _____ Email _____

Banking Information:

Bank Name

Account Number

Street Address - Include any unit or suite #'s

City

State

Zip Code

Representative

Phone Number

Fax Number

Payment Method: ☐ Check ☐ ACH/Wire Transfer ☐ Credit Card (Net 30 by CC requires pre-authorization)

Trade References: (Please do not include credit card accounts)

Please consider alerting your trade references that you have listed them as a credit reference and request they respond as quickly as possible. This will allow us to process your application in the shortest time possible.

Company Name

Email Address

Contact Name

Street Address - Include any unit or suite #'s

City

State

Zip Code

Phone Number

Fax Number

Company Name

Email Address

Contact Name

Street Address - Include any unit or suite #'s

City

State

Zip Code

Phone Number

Fax Number

Company Name

Email Address

Contact Name

Street Address - Include any unit or suite #'s

City

State

Zip Code

Phone Number

Fax Number

Authorization and Certification:

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your company's bank and trade references and make credit report inquiries regarding your company's credit limits and payment history or other subjective measures of your company's credit worthiness:

Authorized Signature

Print Name

Title

Date

maglocks