

DATE: \_\_\_/\_\_\_/\_\_\_

### CREDIT APPLICATION

**COMPANY INFORMATION:**

FIRM NAME: \_\_\_\_\_ SUBSIDIARY OF: \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ NATURE OF BUSINESS: \_\_\_\_\_  
 NAME OF OFFICERS OR PRINCIPALS: \_\_\_\_\_  
 FEDERAL ID # OR SOCIAL SECURITY #: \_\_\_\_\_  
 IS BUSINESS INCORPORATED? \_\_\_\_\_ IF SO, UNDER THE LAWS OF WHICH STATE: \_\_\_\_\_  
 YEAR ESTABLISHED: \_\_\_/\_\_\_/\_\_\_ YEARS AT PRESENT LOCATION: \_\_\_\_\_

**TRADE REFERENCES: (MUST LIST ALL 4 NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT.)**

|          |             |            |      |
|----------|-------------|------------|------|
| NAME:    |             | ACCOUNT #: |      |
| ADDRESS: | CITY/STATE: |            | ZIP: |
| PHONE:   |             | FAX:       |      |

|          |             |            |      |
|----------|-------------|------------|------|
| NAME:    |             | ACCOUNT #: |      |
| ADDRESS: | CITY/STATE: |            | ZIP: |
| PHONE:   |             | FAX:       |      |

|          |             |            |      |
|----------|-------------|------------|------|
| NAME:    |             | ACCOUNT #: |      |
| ADDRESS: | CITY/STATE: |            | ZIP: |
| PHONE:   |             | FAX:       |      |

|          |             |            |      |
|----------|-------------|------------|------|
| NAME:    |             | ACCOUNT #: |      |
| ADDRESS: | CITY/STATE: |            | ZIP: |
| PHONE:   |             | FAX:       |      |

**BANK INFORMATION:**

NAME OF BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
 BRANCH ADDRESS: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND AUTHORIZE THE INVESTIGATION OF THIS INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT. I ALSO CERTIFY THAT I AM AN OFFICER OR PRINCIPAL OF THE ABOVE COMPANY AND HEREBY PERSONALLY GUARANTEE PAYMENT FOR ALL GOODS ORDERED BY THE ABOVE COMPANY.

**TERMS ARE NET 30 DAYS**

**RETURN TO: MONACO LOCK COMPANY, INC. 339-345 NEWARK AVE. JERSEY CITY, NJ 07302 800-526-6094 FAX: 800-845-5625**

SIGNATURE OF OFFICER OR PRINCIPAL: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE SIGNED: \_\_\_/\_\_\_/\_\_\_