

# FIRSTLINE LOCKSMITH, LLC

Golden Crest Corporate Center

2277 Route 33 East Suite 406

Hamilton, NJ 08690

Phone: (609) 838-4700 · Fax: (609) 587-6281

## CORPORATE ACCOUNT CREDIT APPLICATION

### I. COMPANY INFORMATION

Please Print or Type

COMPANY NAME		FEDERAL ID#	
BILLING ADDRESS	STREET	SUITE	CITY, STATE, ZIP CODE
PHYSICAL ADDRESS	STREET	SUITE	CITY, STATE, ZIP CODE
____ OWNED	MORTGAGE HOLDER NAME AND ADDRESS		
____ RENTED	LANDLORD NAME AND ADDRESS		
OTHER COMPANY / DBA NAMES		WEBSITE ADDRESS	
SIC CODE#	DUN AND BRADSTREET#	BUSINESS LICENSE#	
(CHECK ONE) ____ SOLE PROPRIETORSHIP    ____ PARTNERSHIP    ____ CORPORATION			DATE AND STATE OF INCORPORATION

### II. CONTACT INFORMATION

ACCOUNTS PAYABLE CONTACT		NAME AND EMAIL	
PHONE		FAX	
(      )		(      )	
LOSS PREVENTION / STORE MAINTENANCE COORDINATOR		NAME AND EMAIL	
PHONE		FAX	
(      )		(      )	

### III. PRINCIPAL/OWNER/CEO/GUARANTOR INFORMATION (DUPLICATE AS NEEDED)

NAME AND TITLE		SOCIAL SECURITY#	
HOME ADDRESS	STREET	SUITE	CITY, STATE, ZIP CODE
% OWNERSHIP		EMAIL ADDRESS	
PHONE		FAX	
(      )		(      )	

Initials \_\_\_\_\_

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### IV. FINANCIAL INFORMATION

BANK NAME		ACCOUNT TYPE	
STREET ADDRESS		SUITE	CITY, STATE, ZIP CODE
ACCOUNT NUMBER		ROUTING NUMBER	
CONTACT PERSON	NAME AND TITLE	EMAIL ADDRESS	
PHONE (       )	FAX (       )		
HAS THE COMPANY EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)			
ARE THERE ANY LIENS OR JUDGMENTS AGAINST THE BUSINESS AND/OR PRINCIPALS? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)			

### V. TRADE REFERENCES

1. COMPANY NAME		CONTACT PERSON	
STREET ADDRESS		SUITE	CITY, STATE, ZIP CODE
CONTACT PERSON	TITLE	EMAIL ADDRESS	
PHONE (       )	FAX (       )		
2. COMPANY NAME		CONTACT PERSON	
STREET ADDRESS		SUITE	CITY, STATE, ZIP CODE
CONTACT PERSON	TITLE	EMAIL ADDRESS	
PHONE (       )	FAX (       )		
3. COMPANY NAME		CONTACT PERSON	
STREET ADDRESS		SUITE	CITY, STATE, ZIP CODE
CONTACT PERSON	TITLE	EMAIL ADDRESS	
PHONE (       )	FAX (       )		

Initials \_\_\_\_\_

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### VI. COMMENTS OR SPECIAL BILLING PROCEDURES (EX. DO YOU USE P.O. NUMBERS?)


### VII. PLEASE LIST ALL OF YOUR LOCATIONS (ATTACH LIST IF AVAILABLE)

1. LOCATION ADDRESS AND STORE #	CONTACT PERSON NAME AND TITLE
PHONE (      )	FAX (      )
2. LOCATION ADDRESS AND STORE #	CONTACT PERSON NAME AND TITLE
PHONE (      )	FAX (      )
3. LOCATION ADDRESS AND STORE #	CONTACT PERSON NAME AND TITLE
PHONE (      )	FAX (      )

### VIII. AUTHORIZATION BY PRINCIPAL/OWNER/CEO/GUARANTOR

AUTHORIZED SIGNATURE	TITLE
PRINT NAME	DATE

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### TERMS AND CONDITIONS

#### **IMPORTANT: READ BEFORE SIGNING**

##### IMPOSITION OF INTEREST, COLLECTION FEES AND LEGAL COSTS AND FEES IN CASE OF PAST DUE BALANCES

By signing below, Applicant agrees to pay monies due within net 30 days of invoice date.

A finance charge of 1.5% per month at an annual rate of 18% will be charged on all delinquent accounts.

Should Applicant(s) default on terms and legal action is necessary, the Applicant(s) agrees to pay all collection expenses including, but not limited to, administrative costs, court fees and reasonable attorneys fees.

##### DUTY TO PROVIDE PROPER NOTICE

Applicant(s) will inform Firstline Locksmith, LLC in writing of any change in company name, address, phone number or any other information provided in the Corporate Account Credit Application as soon as such change occurs.

##### AUTHORIZATION TO RELEASE CREDIT INFORMATION

The information given is warranted to be true and Applicant(s) authorizes the release of all pertinent information necessary for processing the Applicant(s)' request for credit, including bank records and/or other financial data. Applicant(s) hereby authorizes Firstline Locksmith, LLC to conduct a complete credit investigation on this company and understands the investigation can include utilizing a formal credit report. Applicant(s) further authorizes Firstline Locksmith, LLC to contact our bank and other companies to establish credit whether listed on this application or not. By submitting this application Applicant(s) agrees to authorize the release of credit information for the purpose of obtaining credit terms.

##### CONSENT TO JURISDICTION AND FORUM SELECTION

Applicant(s) agrees that New Jersey Law shall control any claim or controversy that may arise between Firstline Locksmith, LLC and Applicant(s) and that venue for any action shall lie only in the state of New Jersey under Mercer County. Applicant(s) further agrees that it may be served outside of the State of New Jersey.

##### CONTINUING PERSONAL GUARANTY

In consideration of the extension of credit to the Applicant(s), and as an inducement to continue to extend credit to the Applicant(s), the undersigned, jointly and severally, unconditionally guarantee(s) the prompt payment of any and all sums of money now due or at any time hereafter due and owing. The undersigned personally guarantee(s) payment for all services purchased, and, should the Applicant(s)' account become past due, for all costs, including but not limited to, reasonable attorneys fees and costs of collection resulting therefrom.

Firstline Locksmith, LLC. may proceed against the undersigned without being required to first proceed against the Applicant(s) and may proceed against any one of the undersigned without waiving its right to proceed against any of the remaining Guarantors. The undersigned waives notice of extension of time or modification of terms, settlements, or resolution of disputes, modification of credit line, or default of Applicant(s).

This Guaranty is intended to be and is a Continuing and Cumulative Guaranty.

The undersigned, and each of them, agree(s) to be bound by all terms and conditions contained in this Application.

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
Date