



To ensure a strong long term relationship, we ask that you fully complete this Customer Information and Credit Application Form. It must be signed and returned to the Accounting Dept before your orders can be considered. All information provided will be held in the strictest of confidence and will be used only for the purposes of establishing credit.

Date _____

Billing Address:

Shipping Address:

| | |
|------------------------|------------------|
| Company Name | Company Name |
| Attention | Attention |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Telephone | Telephone |
| Fax | Fax |
| Email to send Invoices | Email |

General Information

| | | | | | | |
|----------------------------|------------------------------------|-------------------------------|-------------------------------|--------------------------|-----|-------|
| Federal Tax ID | Company Composition | Corporation | Date & State of Incorporation | Partnership | LLC | Other |
| Dun & Bradstreet (D&B) No. | Length of time at present location | Are premises leased or owned? | | Amount of Credit Desired | | |
| Principal / Owner | Title | Email | Phone & Ext. | | | |

Ordering Information

| | | | |
|---------------------------------------|----------------------------|---------------------------------------------------------------|-----|
| Are written purchase orders required? | Is Merchandise for Resale? | Resale No. (if for resale please provide copy of Certificate) | |
| Purchasing Agent | Phone | Email | Fax |
| Accounts Payable Contact | Phone | Email | Fax |

Bank Information

| | | | |
|--------------|-------------|----------------------------------|--|
| Bank Name | Branch Name | Bank Contact Officer | |
| Bank Address | Phone & Ext | Type of Account & Account Number | |

Authorization to Release Bank Information

| | | |
|----------------------|-------|------|
| Authorized Signature | Title | Date |
|----------------------|-------|------|



Trade References

| | |
|------------------|------------------|
| Company Name | Company Name |
| Attention | Attention |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Telephone | Telephone |
| Fax | Fax |
| Email | Email |
| Company Name | Company Name |
| Attention | Attention |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Telephone | Telephone |
| Fax | Fax |
| Email | Email |

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions (Payment of Net 30 days) as stated. In addition, you authorize EasyKeys.com to make any and all inquiries necessary to process this Credit Application.

| | | |
|-----------------------------------|-------------|------|
| Name of Authorized Representative | Title | |
| Agreed & Accepted, Signed | Phone & Ext | Date |