

LOCKFAST LLC

CREDIT APPLICATION

107 NORTHEAST DRIVE
LOVELAND, OH 45140
PH: 800.543.7157
FX: 513.701.6936

COMPANY NAME: _____
ADDRESS: _____

PHONE: _____
FAX: _____
E MAIL: _____
WEBSITE: _____

IS THIS A CORPORATION _____, PARTNERSHIP _____, OR PROPRIETORSHIP _____?

DATE BUSINESS ESTABLISHED? _____ CREDIT LINE REQUESTED _____

TYPE OF BUSINESS? _____

IS MATERIAL FOR RESALE? _____ IF YES, SEND RESALE CERTIFICATE WITH APPLICATION.

OHIO AND CALIFORNIA APPLICANTS MUST SEND TAX EXEMPTION CERTIFICATE WITH APPLICATION.

ACCT PAY CONTACT: _____ PURCHASING CONTACT: _____

BANK NAME _____
ADDRESS _____

ZIP _____

ACCOUNT # _____
CONTACT _____
PHONE _____
FAX _____

PRINCIPAL SUPPLIERS - COMPLETE ALL FOUR. OUR INQUIRIES ARE MADE VIA FAX REQUEST ONLY

NAME _____
ADDRESS _____

PHONE _____
FAX _____
ZIP _____

NAME _____
ADDRESS _____

PHONE _____
FAX _____
ZIP _____

NAME _____
ADDRESS _____

PHONE _____
FAX _____
ZIP _____

NAME _____
ADDRESS _____

PHONE _____
FAX _____
ZIP _____

THE APPLICANT AGREES TO:

1. PAYMENT OF ALL AMOUNTS DUE AS INDICATED ON EACH INVOICE.
2. SHOULD IT BE NECESSARY TO REFER THE ACCOUNT TO A LICENSED COLLECTION AGENCY OR ATTORNEY FOR LEGAL ACTION, ALL SUBSEQUENT CHARGES AND LEGAL FEES SHALL BE PAID BY THE APPLICANT.
3. APPLICANT AUTHORIZES AND GRANTS THE SELLER THE RIGHT TO INVESTIGATE CREDIT REFERENCES LISTED.

SIGNATURE: _____

DATE: _____