



APPLICATION FOR CREDIT FORM #1A

SKY LOCKSMITH, SECURITY AND HARDWARE | LICENSED - BONDED - INSURED
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SERVICE@SKYLOCKSMITH.COM

Please complete entire application to ensure processing.

COMPANY INFORMATION (Please print)		
Company Name	Direct Phone #	()
Address		
City	State	Zip
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
FED TAX NO.		-
Type of Business		
Company Phone #	()	Years at this Location
E - Mail	FAX	

CREDIT REFERENCES (Please print)		
Name	Address	Phone
#1		
#2		
#3		
#4		
#5		

BANK REFERENCE		
Name	Address	Phone
Account #	Contact	
PRINCIPALS OF THE FIRM		
Name	Address	Phone

If this THIRTY DAY account is open, I agree #1) to pay each invoice within (30) days and #2) to pay a 1.5% service charge monthly on any invoices thirty one days and older.

Signature		Date
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