

APPLICATION FOR CREDIT FORM #1A



SKY LOCKSMITH, SECURITY AND HARDWARE | LICENSED - BONDED - INSURED
1574 FIRST AVENUE, NEW YORK, NY 10028
PHONE 212 288 7773 FAX 212 717 2577
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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