

Commercial Credit Application

Michael's Keys, Inc. Locksmith

4003 Colleyville Blvd.

Colleyville, TX. 76034

Ph. (817) 498-9797 : Fax (817) 952-3378

Terms - Net 30 Days

(Please fill out this form and FAX to the Number shown above)

Business Information

Business Name _____ DBA _____

Street Address _____ City _____

Phone _____ FAX _____ Year Established _____

President / Owner _____ Parent Company _____

Business Type : Sole Proprietor,____ Partnership,____ Association,____ Corporation,____

Nature of Business _____

Federal Tax ID# _____

Ever Filed Bankruptcy? Yes ___ No ___ Franchise? Yes ___ No ___

Billing Address _____ City _____ State ___ Zip _____

Accounts Payable Contact _____

Phone# _____ FAX# _____

Financial Information

Bank Name _____ Branch _____

Account Number _____ Years with Institution? _____

Primary Account Holder _____

Purchase Order Required? Yes ___ No ___

It is your responsibility to give the PO# to our technician when he does the job. If you fail to do so, payment will still be required.

References

Company Name _____ **Contact** _____

Address _____ City _____ State ___ Zip _____

Phone# _____ FAX# _____

Company Name _____ **Contact** _____

Address _____ City _____ State ___ Zip _____

Phone# _____ FAX# _____

Company Name _____ **Contact** _____

Address _____ City _____ State ___ Zip _____

Phone# _____ FAX# _____

I understand that the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application. In the event of non-payment, I agree to pay all costs incurred for collections not limited to attorney fees and court costs.

Authorized Signature _____ Date _____

Print Name _____ Title _____