

**Credit Application for Marshall's Locksmith Service, Inc.**  
**4205 Poole Road Raleigh, NC 27610**  
**Telephone: (919) 231-8017 Fax: (919) 231-8252**  
**Email: [HYPERLINK "mailto:sales@marshallslocks.com"](mailto:sales@marshallslocks.com)**  
**[sales@marshallslocks.com](mailto:sales@marshallslocks.com) Web Address [HYPERLINK "http://www.marshallslocks.com"](http://www.marshallslocks.com) [www.marshallslocks.com](http://www.marshallslocks.com)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Contact \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web \_\_\_\_\_  
\_\_\_\_\_

Type of Business \_\_\_\_\_ Established \_\_\_\_\_ Current  
Address Since \_\_\_\_\_  
Employer ID# \_\_\_\_\_ Owner's Social Security# \_\_\_\_\_  
\_\_\_\_\_

Business Structure: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Individual \_\_\_\_\_  
Tax Exempt# If Applicable \_\_\_\_\_ Credit amount  
requested \$ \_\_\_\_\_  
Do you require Purchase Orders? Yes \_\_\_\_\_ No \_\_\_\_\_

Names of Corporate Officers if applicable:  
President \_\_\_\_\_ Vice President \_\_\_\_\_  
\_\_\_\_\_  
Treasurer \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Bank Reference:  
Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Trade References:

1) Company \_\_\_\_\_ Account \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

2) Company \_\_\_\_\_ Account \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

3) Company \_\_\_\_\_ Account \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

I understand and agree to the following and will abide by your company requirements:  
I/we will notify Marshall's Locksmith Service of any changes in ownership in our company.  
If granted credit, our company agrees to pay all invoices within 30 days of invoice date.  
I/we agree that our company will pay 1.5% per month (18% yearly) in service charges for past due balances.  
It is agreed that our account is subject to become C.O.D. (Cash On Delivery) if I/we fail to pay invoices within the above stated terms.  
Our company's financial situation is satisfactory and we can meet our financial obligations.  
There are no lawsuits or judgements against my company or myself, at the present time.  
If our company defaults on payment of any outstanding valid balances we agree to pay attorney and or collection expenses.  
I/we make the foregoing application for credit for the purpose of obtaining merchandise and/or service on an open account basis

Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_