



ALCATRAZ LOCKSMITH
"San Diego's Most Wanted!"
416 Broadway, Chula Vista, CA 91910
Office (619) 426-1800
Roadside (619) 690-0000

ACCOUNT APPLICATION

COMPANY INFORMATION:

COMPANY NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____

OWNERS NAME _____
G/M NAME _____
PHONE NUMBER _____
E-MAIL ADDRESS _____

BILLING INFORMATION:

BILLING ADDRESS _____
ACCT. PAYABLE CONTACT _____
OFFICE NUMBER _____
FAX NUMBER _____
E-MAIL ADDRESS _____

TRADE REFERENCES:

COMPANY NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

COMPANY NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

CREDIT CARD ON FILE:

TO BE USED IF EXCEEDS NET (45 Days)
CREDIT CARD # _____ EXP. DATE _____ CSC# _____ ZIP CODE _____
CREDIT LINE REQUEST: \$ _____

AUTHORIZED PERSONAL:

NAMES _____, _____, _____, _____

If we are approved to purchase on an account, we understand that all invoices are due and payable no later than thirty (30) days from date of invoice. Thereafter, service chargers will accrue at a rate of 1-1/2% each month. To induce the granting of credit to the above named, I hereby personally guarantee the company's debt. In the event it becomes necessary for Alcatraz Locksmith to incur collection cost or institute suit to collect any amount due, I promise to pay such additional costs, charges and expenses including reasonable attorney's fees. Alcatraz Locksmith is hereby authorized to obtain any information considered from any source, concerning the statements in this application.

OFFICERS LISTED ABOVE MUST SIGN BELOW:

NAME: _____ TITLE: _____ DATE: _____
NAME: _____ TITLE: _____ DATE: _____
NAME: _____ TITLE: _____ DATE: _____

RETURN TO FAX (619) 426-2400, Thank you!
Also visit us @ www.AlcatrazLocksmith.com