



Application for Credit

Company Information, Owner/Officer Information
Credit References

**NOTE: All Information Requested Is REQUIRED – Incomplete forms cannot be processed.
Please Fill Out Completely For CONSIDERATION. Thank you.**

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

A.C./Telephone: _____ County: _____

A.C./Fax: _____ Email: _____

Website: _____

Federal ID #: _____ Year Estab. _____ Credit \$ Amt. Requested: \$ _____

Owner or Officer Name: _____

Title: _____ S.S.N. #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

A.C./Telephone: _____ Note: _____

Credit References – 1. VENDOR Name: _____

City: _____ State: _____ Acct. #: _____

A.C./Telephone: _____ EMAIL: _____

2. VENDOR Name: _____

City: _____ State: _____ Acct. #: _____

A.C./Telephone: _____ EMAIL: _____

3. VENDOR Name: _____

City: _____ State: _____ Acct. #: _____

A.C./Telephone: _____ EMAIL: _____

4. VENDOR Name: _____

City: _____ State: _____ Acct. #: _____

A.C./Telephone: _____ EMAIL: _____



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- I certify that all of the information provided on this credit application is true.
- I understand that all invoices are due on a net 30 day basis (2% discount 10 days; net 30).
- I understand and agree that **The Security Source, Inc.**, has my permission to conduct a credit investigation including, but not limited to, bank, trade references, and credit bureaus.
- If this account is past due, I agree that **The Security Source, Inc.**, may assess us, and we agree to pay, late charges (not to exceed 1.5% per month, as permitted by law), attorney fees, collection agency fees, and any other costs associated with the collection process.
- This agreement and these terms and conditions shall be governed by the laws of the State of Ohio.
- In consideration of **The Security Source, Inc.**, extending credit to:

X _____
(Please **PRINT FULL LEGAL NAME** of company, organization, or business entity)

...the undersigned agrees to be personally liable for the payment of any and all amounts owing to
The Security Source, Inc.

X _____ Date: X _____ 20 _____
Signature

X _____
PLEASE PRINT NAME CLEARLY

PLEASE PRINT, FILL IN ALL ITEMS, MAIL, FAX, OR EMAIL
(AFTER MAKING A PDF or suitable doc for emailing)

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