



NEW ACCOUNT APPLICATION

We appreciate the opportunity to serve you!

CREDIT DEPARTMENT HOTLINE:

TEL: 732-294-5580 FAX: 732-294-5590

Please mail this application to your nearest Warehouse/Sales Center. We will begin processing it *immediately*.

WAREHOUSE/SALES COUNTERS:

260 Hudson Street
Hackensack, NJ 07601
800-785-2527
201-488-4200
Fax: 201-488-2206

11A Harts Lane
East Brunswick, NJ 08816
800-536-2527
732-651-2244
Fax: 732-254-6005

520 Fellowship Road
#A-112
Mt. Laurel, NJ 08054
877-463-2527
856-778-7005
Fax: 856-778-7006

40 Reservoir Park Drive
Rockland, MA 02370
888-396-2527
781-261-9663
Fax: 781-261-9664

11785 Highway Drive
Cincinnati, OH 45241
877-777-2527
513-554-0707
Fax: 513-554-1881



www.alarmdistributorsinc.com

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship To Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Fax: (_____) _____

E-mail: _____ Business Established: _____ No. of Employees: _____

Owner or Officers:

Name: _____ Title: _____

Driver License #: _____ Exp: _____ State: _____

Name: _____ Title: _____

Driver License #: _____ Exp: _____ State: _____

If sole Owner, please complete this section:

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Spouse's Name: _____

Driver License #: _____ Exp: _____ State: _____

Bank Name: _____ Address: _____

Account # (Checking): _____ Account # (Loan): _____

Contact Person: _____ Title: _____

Telephone Number: (_____) _____ Fax: (_____) _____

I consent that my financial institution release standard banking information related to my company to Alarm Distributors Inc.

Signature: _____ Please Print Name: _____

Title: _____

Continued on the other side

WE PRESENTLY OR PREVIOUSLY HAD CREDIT WITH:

Please do not list credit card accounts. They do not share credit information.

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Please Do Not Collect Sales Tax From Us!

We have attached a completed ST3 form. (Without the ST3, Alarm Distributors Inc. will collect the appropriate sales tax.)

Number: _____

State: _____

I certify that all of the above information is true. All invoices are due on a net 30-day basis. We also understand and agree that Alarm Distributors Inc. has our permission to conduct a credit investigation including but not limited to bank and trade references and credit bureaus. If this account goes out of terms, we agree that Alarm Distributors Inc. may assess us and we agree to pay reasonable late charges (not to exceed 1.5% per month, as permitted by law), attorney fees, collection agency fees and other costs associated with their collection efforts. The laws of the State of New Jersey shall govern our relationship.

In consideration of Alarm Distributors Inc. extending credit to the company shown on this application, the undersigned jointly and severally agree to be personally liable for the payment of any amounts owing to Alarm Distributors Inc. Also, the undersigned agree that if this account goes out of terms, Alarm Distributors Inc. may apply charges to the following credit card account which is in the name of the undersigned.

VISA: _____ Three to Five Digit Code on Back of Card: _____ EXP. DATE: _____

M/C: _____ Three to Five Digit Code on Back of Card: _____ EXP. DATE: _____

By: (signature) _____ Title: _____ Date: _____

We anticipate requiring a Credit Line of \$ _____.

FOR OFFICE USE ONLY:

Account Number: _____ Date: _____

Credit Line: _____ Credit Terms: _____

Approved By: _____



To Receive Your Alarm Distributors/UPS Tracking Numbers E-Mailed to You Instantly, Please Sign Here:

Name: _____

Signature: _____

E-Mail: _____