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**MAIL TO:**  
Post Office Box 746  
Clemmons, NC 27012



**CHARLOTTE BRANCH**  
400-H Clanton Road  
Charlotte, NC 28217  
Phone: 704-521-8620  
FAX: 704-527-8720

**RALEIGH BRANCH**  
1129 Corporation Pkwy #121  
Raleigh, NC 27610  
Phone: 919-212-3320  
WATS: 800-316-7419  
FAX: 919-212-3321

### NEW ACCOUNT APPLICATION

Amount of Credit requested \_\_\_\_\_

General Information (Please print or type)

Company Name \_\_\_\_\_

Name on Business License \_\_\_\_\_

Burglar Alarm Installers License in state of \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ FED ID# \_\_\_\_\_

BUSINESS ORGANIZATION: Proprietorship \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_  
Subsidiary of \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date \_\_\_\_\_ Years in Business \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Position \_\_\_\_\_

#### PRINCIPAL OWNERS, STOCKHOLDERS AND OFFICERS:

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

TRADE REFERENCES Three trade references are required. Please do not list any references with whom you have not done business with in the past three months.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Acct No. \_\_\_\_\_

**BANK REFERENCES:**

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_ Type \_\_\_\_\_

**Financial Information**

To establish a credit account we must receive a current financial statement from your company, preferably an audited statement containing a qualified opinion. In the absence of the opinion or if the statement is not produced by an outside CPA firm, the statement must be signed by a company officer. By signing and dating the unaudited financial statements, the officer is attesting to the accuracy. Any and all information contained in the statements will be held strictly confidential.

**SALES TAX VALIDATION: (Check One)** Taxable \_\_\_\_\_ Non-Taxable \_\_\_\_\_

Please Attach a completed and signed resale or sales tax exemption certificate for your state if you should not be charged state sales tax. You will be charged sales tax until we have this certificate on file.

**Personal Guarantee Of Account:**

In consideration of SECURITY ENGINEERING,INC selling products to the company making this application, I/WE agree to the following terms:

1. Our supplier and banking institutions are hereby authorized to release our account history to SECURITY ENGINEERING for the purpose of credit evaluation.
2. Remittance for all purchases must be made with immediately available funds, unless other arrangements have been made in writing.
3. Remittance for purchases must be received at the appropriate address and within the terms shown on each invoice.
4. All costs of collection and/or legal fees incurred by SECURITY ENGINEERING in collecting or enforcing this account on default shall be paid by the undersigned.
5. Payment of all indebtedness due and owing to SECURITY ENGINEERING on the above named account is unconditionally guaranteed by the undersigned.
6. The above terms of this account shall be NET 30 DAYS and the legal rate of interest shall be paid by the applicant on all delinquent account balances.
7. The financial information submitted with this application is true and correct.
8. Forsyth County, NC will be the forum for any litigation involving this account.

In the event that this Guarantee is signed by more than one (1) person, the obligations of the signers shall be joint and several.

Please sign as an individual only. DO NOT USE COMPANY NAMES OR TITLES AS THEY INVALIDATE THE GUARANTEE.

Signature \_\_\_\_\_ (Seal) Date \_\_\_\_\_

Print name \_\_\_\_\_ (Seal) Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ (Seal) Date \_\_\_\_\_

Print name \_\_\_\_\_ (Seal) Date \_\_\_\_\_  
(if married, spouse MUST sign)

Social Security No. \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

<b>OFFICE USE ONLY</b>
___ APPROVED ___ DISAPPROVED
<b>CREDIT LINE</b>
BY _____ DATE _____