

APPLICATION REFERENCES FORM #1A



ASSOCIATED LOCKSMITH & HARDWARE | LICENSED - BONDED - INSURED
1138 LEXINGTON AVENUE, NEW YORK, NY 10075
PHONE 212 360 6000 FAX 212 717 2577
ASSOCIATED@LOCKS.NYC

Please complete entire application to ensure processing.

COMPANY INFORMATION (Please print)			
Company Name		Direct Phone # ()	
Address			
City		State	Zip
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	FED TAX NO. -
Type of Business			
Company Phone # ()		Years at this Location	
E - Mail		FAX	

CREDIT REFERENCES (Please print)		
Name	Address	Phone
#1		
#2		
#3		
#4		
#5		

BANK REFERENCE		
Name	Address	Phone
Account #	Contact	
PRINCIPALS OF THE FIRM		
Name	Address	Phone

If this THIRTY DAY account is open, I agree #1) to pay each invoice within (30) days and #2) to pay a 1.5% service charge monthly on any invoices thirty one days and older.

Signature		Date
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