



**CUSTOMER
CREDIT
APPLICATION**

BUSINESS CONTACT INFORMATION

| | | | |
|-----------------------------|--------------|----------------|-----------|
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | Tax ID number: | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

| | | | |
|------------------------------|----------------|----------|-----------|
| Primary business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | Contact: | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |

BUSINESS/TRADE REFERENCES

| | | | |
|------------------|------|---------|-----------|
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ASAP Identification Security, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES