



To ensure a strong long term relationship, we ask that you fully complete this Customer Information and Credit Application Form. It must be signed and returned to the Accounting Dept before your orders can be considered. All information provided will be held in the strictest of confidence and will be used only for the purposes of establishing credit.

		Date			
Billing Address:			Shipping Address:		
Company Name		Company Name			
Attention		Attention			
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Telephone		Telephone			
Fax			Fax		
Email			Email		
		General li	nformation		
Federal Tax ID		Corporation	Date & State of Incorporation	Partnership LLC Other	
	Company Composition				
Dun & Bradstreet (D&B) No.	Length of time at present location	on	Are premises leased or owned?	Amount of Credit Desired	
Principal / Owner	Title	Title		Phone & Ext.	
		Ordering I	<u>l</u> nformation		
Are written purchase orders required?	Is Merchandise for Resale?	<u> </u>		please provide copy of Certificate)	
Purchasing Agent	Phone		Email	Fax	
Accounts Payable Contact	Phone		Email	Fax	
,					
Bank Name	Branch Name	Bank Inf	ormation Bank	c Contact Officer	
Bank Name	Branch Name		Dalli	Contact Officer	
D 1411			DI OF	T- (A (A) (A) (A) (A)	
Bank Address			Phone & Ext	Type of Account & Account Number	
Authorized Cinestons	Authorizati	on to Rele	ease Bank Information	Inu	
Authorized Signature			Title	Date	





Trade References					
Company Name	Company Name				
Attention	Attention				
Street Address	Street Address				
City, State, Zip	City, State, Zip				
Telephone	Telephone				
Fax	Fax				
Email	Email				
Company Name	Company Name				
Attention	Attention				
Street Address	Street Address				
City, State, Zip	City, State, Zip				
Telephone	Telephone				
Fax	Fax				
Email	Email				
Acceptance	and Approval				
		d In addition you suthorize			
Signing this agreement indicates your acceptance of the terms and conditions (provided under separate cover) as stated. In addition, you authorize EasyKeys.com to make any and all inquiries necessary to process this Credit Application.					
Name of Authorized Representative	Title				
Agreed & Accepted, Signed	Phone & Ext	Date			

EasyKeys.com 11407 Granite Street PO Box 411248 Charlotte, NC 28241