



**CREDIT APPLICATION**

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Accounts Payable Contact Person \_\_\_\_\_ E-Mail address \_\_\_\_\_

Ownership      Corporation      Partnership      Proprietorship      Other \_\_\_\_\_

Description of Business \_\_\_\_\_

Have you ever purchased from CSS before No      Yes      Under what name \_\_\_\_\_

Est. sales potential with CSS    \$ \_\_\_\_\_ to \$ \_\_\_\_\_      Per      Month      Year

**Principal Owners/Stockholders**

Name \_\_\_\_\_ Title \_\_\_\_\_ E/M Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E/M Address \_\_\_\_\_

**Trade References** (companies with which you have made purchases on an open account within the last 6 mos.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ A/P E/M Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ A/P E/M Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ A/P E/M Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ A/P E/M Address \_\_\_\_\_

**Bank Reference Name** \_\_\_\_\_ **Contact** \_\_\_\_\_

Address \_\_\_\_\_ Acct # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ E/M Address \_\_\_\_\_

Should legal action be required to force payment of this account, Coin Security Systems, Inc. shall be entitled to recover from purchaser reasonable cost and expenses, including attorney's fees, in addition to any other relief to which they may be entitled. The above information given is for the purpose of obtaining credit, and is warranted to be true. I/We hereby authorize Coin Security Systems, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY,  
ABILITY AND WILLINGNESS TO PAY OUR INVOICES.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E/M Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_