



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 _____