

KLEPPERS KEY SHOP

117 East King Street, YORK, PA 17403-2035

SECURITY SPECIALISTS

(717) 848-1754

APPLICATION FOR CREDIT (page 1)

Please accept the information listed below as a basis for your evaluation of our request for credit. We represent that the items indicated on the application are, to the best of our knowledge, complete, accurate and true. We authorize Klepper's Key Shop to verify such information in such a manner as it may find. We also authorize any and all persons or firms with whom I (we) have had business dealings to supply Klepper's Key Shop with all such information as they require concerning our dealings with such parties.

DATE _____ TAX EXEMPT # _____ (Attach copy of certificate)

To help us establish an account in your name please answer the following questions completely and return to us as soon as possible. Amount of credit requested \$ _____

FIRM NAME _____ PHONE# _____

ADDRESS _____

_____ Zip Code _____

FAX # _____ E-MAIL ADDRESS _____

TYPE OF ENTITY _____

EIN or SOCIAL SECURITY # _____

BANK REFERENCES

(1) BANK NAME _____ PHONE _____

ADDRESS _____

ACCOUNT # _____ CONTACT PERSON: _____

(2) BANK NAME _____ PHONE _____

ADDRESS _____

ACCOUNT # _____ CONTACT PERSON: _____

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TRADE REFERENCES (York, Pennsylvania ONLY)

Firm Name _____ Phone # _____

Address _____

Firm Name _____ Phone # _____

Address _____

Firm Name _____ Phone # _____

Address _____

We agree to the following terms of payment to Klepper's Key Shop:

- (1) Net ten days, 1.5% per month finance charge after thirty (30) days
- (2) If necessary we will bear all costs of collection, including: Attorney Fees, Court Proceedings, and Bank Charges.

Responsible Agent's Signature _____

Printed Name of Responsible Agent _____

Title (or Position) _____ Phone Number _____

Date _____