



# Lockgeniuses

## Customer Credit Application

**Corporate Office:** 1400 SE 19<sup>th</sup> St Suite 225 Grimes, IA 50111

**Email:** info@lockgeniuses.com **Phone:** (888) 305-6024

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### 1. Business Information

**Legal Business Name:** \_\_\_\_\_

**DBA (if applicable):** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Shipping Address (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Type of Business:**  Corporation  LLC  Partnership  Sole Proprietor

**Years in Business:** \_\_\_\_\_

**Tax ID / EIN:** \_\_\_\_\_

**Resale/Tax Exemption #:** \_\_\_\_\_ (Attach certificate)

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### 2. Primary Contact

**Name:** \_\_\_\_\_

**Title/Role:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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### 3. Accounts Payable Contact

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Invoice Method:  Email  Mail  Portal

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#### 4. Bank Reference

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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#### 5. Trade References (3 required)

Company Name Contact Name Phone Email Account #

1.

2.

3.

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#### 6. Credit Terms Requested

Requested Credit Limit: \$ \_\_\_\_\_

Preferred Payment Terms:  Net 30  Net 45  Other: \_\_\_\_\_

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#### 7. Terms and Conditions of Sale

By signing below, the applicant agrees to the following:

- All invoices are due and payable within the terms granted by Lockgeniuses Inc.
- A service charge of 1.5% per month (18% annually) may be applied to past-due balances.
- The applicant agrees to pay all collection costs, including reasonable attorney fees, in the event of default.

- Lockgeniuses Inc. reserves the right to modify or revoke credit terms at any time.
- The undersigned authorizes Lockgeniuses Inc. to verify credit and trade references provided.

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**8. Personal Guarantee (Required for Proprietorships or New Accounts)**

I, the undersigned, personally guarantee full payment of all amounts owed to Lockgeniuses Inc. by the applicant named above.

**Guarantor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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**9. Authorization**

I hereby certify that the above information is true and correct and authorize Lockgeniuses Inc. to obtain information from credit reporting agencies, trade references, and financial institutions.

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submit Completed Application To:**

**info@lockgeniuses.com**