

Security Bicycle Accessories, Inc., Customer Credit Application

32 Intersection St., Hempstead, NY 11551 516-485-6100/800-645-2990/FAX 516-485-6117

Applying for: Cod-Company Check Cod-Cash/Credit Card Open Account

Company Name: _____

DBA/TA: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone No.: _____ Fax No.: _____

Type of Organization: Proprietorship Partnership Corporation

Date Business Started: _____ Annual Gross Sales: _____ Duns No.: _____

Bank Name & FULL STREET Address: _____

Business Checking Account No.: _____ In The Name of: _____

For Credit Card Orders Only/Mastercard/Visa Card No.: _____

Expiration : _____ Name as it appears on Credit Card: _____

Principals:

(1) _____	_____	_____	_____
Name	Home Address	Home	
Phone No.			

(2) _____

Supplier References:

(1) _____	_____	_____
Name	Address	Phone/Fax
No.		

(2) _____

(3) _____

(4) _____

THIS CREDIT APPLICATION MUST BE SIGNED BY AT LEAST ONE PRINCIPAL

In consideration of Security Bicycle Accessories selling to me or to my agent(s), I agree to the following terms:

- (1) To pay the monthly statement in full within 30 days from date billed.
- (2) In the event of default of foregoing paragraph (1), I agree to pay a finance charge of 1_% monthly of all unpaid balances past due.
- (3) If this account is placed in the hands of an attorney for collection, I agree to pay all reasonable charges for collection, including attorney's fees and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as an attorney's fee.

Signature of Principal