



1147 South State St.
 Salt Lake City Utah, 84111-4596
 (801) 355-3413 ♦ FAX 355-3414 ♦ 1-800-451-9727
 www.glenskey.com ♦ info@glenskey.com

LOCKS - SAFES
 SINCE 1924

KEYLESS ENTRY - EXIT BARS - ELECTRONIC ACCESS CONTROL - MASTER-KEY SYSTEMS - AUTO LOCKS

Professional Locksmiths

Open Account Agreement

Date _____

Business Name _____

Billing Address _____

Shipping Address _____

City, State, Zip _____

Telephone _____ FAX _____

Email _____

Type of Ownership: Corp _____ Partnership _____ Proprietorship _____ LLC _____ LLP _____

Type of Business _____ Date Started _____

Federal ID# _____ Tax Exempt? Yes ___ No ___ Tax Number _____

A/P Contact _____ (Exempt? Supply Tax Cert.)

A/P Phone _____ A/P FAX _____ Are PO's Required? Yes ___ No ___

Bank Reference

Bank _____ Address _____

Phone _____ Officer to Contact _____

Checking Acct # _____ Savings Acct # _____

Owners and/or Officers

Name _____ Title _____ Home Phone _____ SSN _____

Trade References

Name _____ Address _____ Phone _____ Contact Person _____

FAX (801) 355-3414

V2000/02

SIGNATURE REQUIRED ON REVERSE SIDE

TERMS AND CONDITIONS

OF

GLENS KEY INC.

All invoices are due in full after thirty (30) days from the invoice date. An additional 2% per month interest charge will be charged to all accounts not paid within 30 days after due date, both before and after judgement, and continuing each month until paid.

In the event of default, the undersigned agrees to pay all costs of collection and attorneys fees of 33% of the amount due, together with costs of court. All payments are payable in Salt Lake County, Utah. No terms or conditions hereof may be changed except by written consent of Glens Key, Inc.

I/We understand, acknowledge, and accept Glens Key, Inc. terms of sale and certify that the information given herein is true and correct.

I/We hereby authorize you or your agent/representatives to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

Company Name _____

By _____ Title _____

Signature _____ Date _____

PERSONAL GUARANTEE (REQUIRED)

In consideration of Glens Key, Inc. (hereinafter referred to as Glens Key, Inc.) extending credit hereunder, the undersigned, jointly and severally, and unconditionally guarantee and promise to pay to the order of Glens Key, Inc., on demand, any and all indebtedness of the above named applicant to Glens Key, Inc.

This is a continuing guarantee, and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between Glens Key, Inc. and above named applicant save that of payment. An additional 2% per month interest charge will be charged to all accounts not paid within 30 days after due date, both before and after judgment, and continuing each month until paid. All payments are payable in Salt Lake County, Utah.

I/We hereby authorize you or your agent/representatives to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and photocopy or fax copy shall be given the same effect as the original.

FAX (801) 355-3414

Signature _____

V2000/02

SSN # _____