



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

LOCKS - SAFES
SINCE 1924

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

Professional Locksmiths

Open Account Agreement

Date: _____

Legal Business Name: _____

Doing Business As: _____

Billing Address: _____

Shipping Address: _____

City, State, Zip Code: _____

Telephone: _____

E-Mail: _____

Type of Ownership (circle one): Corp - Partnership - Proprietorship - LLC - LLP

Type of Business: _____ Date Established: _____

Federal ID Number: _____

Tax Exempt? (circle one) Yes - No **If you are exempt, please supply your tax certificate with this application.*

Tax Number: _____

Accounts Payable Information:

Point of Contact's Name: _____

Phone Number: _____ Ext: _____

E-Mail Address: _____

Are PO numbers required? (circle one) Yes - No

Do you want invoices left at the site, e-mailed, or mailed? _____

Signature required on next page



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Terms and Conditions

All invoices are due in full after thirty (30) days from invoice date. An additional 2% per month late 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, e-mail, or fax copy shall be given the same effect as the original.

Company Name: _____

By: _____

Title: _____

Signature: _____

Date: _____