



# New Account Recommendation (NAR) (Credit Application)

Company Name:

Account Number:

Billing Address:

City:

Bill-to State:

Bill-to Country:

Zip + 4:

Shipping Address:

Warehouse:

Yes

No

Ship-to City:

Ship-to State:

Ship-to County:

Zip + 4:

If there are additional shipping addresses, attach a separate sheet.

Telephone Number:

Fax Number:

Affiliation Co. (If any):

Email invoices to:

Sales Tax Exemption Number:

## KEY PERSONNEL

President:

Buyer:

Sales Manager:

Accounts Payable:

## TYPE OF BUSINESS

Proprietorship

Partnership:

Corporation:

State of Incorporation:

Owners Name:

How Long in Business:

Prior Business Names and Addresses Used:

Opening Order \$

Estimated Annual Sales \$

Backorder Options:

Cancel Backorder Items:

Notify Customer:

OK to Back Order:

Select a Class of Trade from the Drop Down Menu:

Select a Price Code from the Drop Down Menu:

May we contact you in the future regarding site announcements, promotional information, product sampling opportunities or research requests in accordance with our Privacy Policy? (You may view our Privacy Policy found on our homepage at [www.masterlock.com](http://www.masterlock.com)) NO: YES:

\*\*\*W-9 and Copy of Tax Exemption Certificate are Required with Application if applicable. (Include multi-jurisdictional form if applicable.)

**TRADE REFERENCES:**

- 1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

Bank Reference:

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

D&B No. \_\_\_\_\_

**FINANCIAL STATEMENTS MAY BE REQUIRED IN ORDER TO ESTABLISH A LINE OF CREDIT**

I (we) have completed this application to obtain credit, and certify that all statements contained are true and correct. I (we) agree that all credit inquires may be made, and authorize the release of such information to you. The undersigned acknowledges that nothing in this Application shall require Master Lock to extend credit to, or to do business with, the applicant now or in the future. The undersigned understands and agrees that, if any credit line is granted, it shall be paid in accordance with terms and agreements. Claims and post audits must be submitted within **one (1)** year of the sale. Claims must include documentation to substantiate claims and must be submitted **60** days prior to deduction. I (we) also understand and agree that credit grantor may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (we) also agree, in the event of default, disputes or claims, I (we) will either consider an arbitrator or be willing to pay reasonable collection charges, attorney fees and court costs where applicable. All terms contained herein may be subject to change without notice.

Officer Signature: \_\_\_\_\_

(Type Officer name & Title)

Sales Representative Comments: \_\_\_\_\_

***FOR OFFICE USE ONLY:***

Sales Rep Approval:	Date:
Sales Manager Approval:	Date:
Sales Administration Approval:	Date:
Credit Analyst Approval:	Date:
Territory Number:	Recommended Credit Limit Per Order:
D & B Rating:	Recommended Total Credit Limit:
Customer Profile:	Price List Price Code
Date Put on File:	