



- \* COMLOCK SECURITY GROUP
- \* SPECTRUM SECURITY GROUP
- \* SCHOOL OF SECURITY TECHNOLOGY



PLEASE RETURN FORM TO: 302 W. KATELLA AVE, ORANGE CA 92867  
 (714) 633-1499 (800) 794-4161 FAX (714 ) 633-0199

**SECTION I MUST** be completed. Failure to do so will delay processing. You may either complete **SECTION III** or provide a credit information sheet (as long as it lists LOCAL SO. CALIF. business references). Application must be signed.

**SECTION I: COMPANY INFORMATION:**

This is a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(if applicable)  
 Billing Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Trade Style or Nature of Business \_\_\_\_\_ Person Responsible for Accounts Payable \_\_\_\_\_

**SECTION II: PRINCIPALS ARE:** (if sole proprietorship or partnership)

Name \_\_\_\_\_ Position \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_ How long \_\_\_\_\_  
 Personal Bank Reference \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_ How long \_\_\_\_\_  
 Personal Bank Reference \_\_\_\_\_ Account# \_\_\_\_\_

**SECTION III: LOCAL SOUTHERN CALIFORNIA TRADE REFERENCES:**

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CREDIT TERMS:**

I/We hereby state the foregoing is correct and agree to pay all credit extended in accordance with regular terms. All accounts are due and payable Net 10 days. A service charge of 1 1/2% will be added to all accounts over 60 days. This charge will become a portion of the amount due. No exceptions will be made. If these terms are not met, further charge will be accepted.

**AUTHORIZATION:**

Date \_\_\_\_\_

\_\_\_\_\_  
 Please Print Name Signature (Owner or Principle) Title

OFFICE USE	DB _____	Date _____	Approved by _____
ONLY PLEASE:	In _____	Limit _____	1X _____
	Comp _____	Entered _____	Letter _____