



SEND COMPLETED APPLICATION VIA:
EMAIL: newaccounts@rhwholesale.com
FAX: 415-641-0455

INCLUDE COPY OF RESALE CERTIFICATE

BILLING / SHIPPING INFORMATION

Account Number: _____

Date: _____

New Update

Official Company Name: _____

Billing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____

ACCOUNTS PAYABLE

Contact: _____ Phone: _____
 Email: _____

How would you like to receive invoices? Email Mail

How would you like to receive statements? Email Mail

Who is Authorized to make purchases on your account?

Name: _____ Email: _____
 Name: _____ Email: _____

ACCOUNT INFORMATION

Business Type: Corporation LLC Partnership Sole Proprietor

Years of Operation: _____ Business Type: _____ Expected monthly purchases \$: _____

Default delivery method: UPS Will Call Will you accept backorder: Yes No

Purchase Order needed on all orders: Yes No Will you accept partial orders: Yes No

Are you a licensed Locksmith: Yes No Locksmith license number: _____

Charge Sales Tax: Yes No *(If no, California Resale Certificate form must be filled out. See page 3)*

For Tax Exempt customers located in CA you are required by law to provide your tax exemption certificate. Please note: If proper documentation is not provided or cannot be verified through your state, sales tax will be charged on your orders.

Account Terms: Open Terms Account: Credit Line Requested: \$ _____
 Credit Card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____
 Expiration: _____ Name on Card: _____

A valid credit card is required for all credit card accounts. You are hereby authorizing us to use this card for purchases made on this account.

TRADE REFERENCES

Company: _____	A/R Contact: _____
Email: _____	Phone: _____
Company: _____	A/R Contact: _____
Email: _____	Phone: _____
Company: _____	A/R Contact: _____
Email: _____	Phone: _____

BANK REFERENCES

Name: _____	Account #: _____
Address: _____	Account Type: _____
_____	Average Balance: _____
Contact: _____	Phone: _____

Agreement:

Applicant represents that the information provided is true and correct. Applicant agrees to pay service charge of 1-1/2% per month on all unpaid balances 30 days delinquent. In the event any charge(s) occur on this account and are placed for collection or suit, I agree to pay all collection charges, costs, attorney fees and legal interest on all charges not paid. In consideration of extending credit to the above named, I do hereby guarantee the payment of such sum of sums of money as may be due for any work, services or goods sold. I understand and agree to meet the terms of sale stated above if an account is established. I also certify that the information given herein is true and correct. I also authorize any credit inquiries necessary to establish this account. The terms and conditions are as follows: Minimum purchase of \$200 a month is requested to maintain an open account. All special orders may not be returned for credit. All returned merchandise requires authorization and is subject to a 50% restocking fee. We cannot honor early pay discounts on orders, if the account is past due.

_____	_____
AUTHORIZED SIGNATURE	TITLE
_____	_____
PRINT NAME	DATE

Personal Guarantee

(Hereinafter referred to as the "Company") of which I have a direct financial interest and/or which I am an officer or agent, hereby personally guarantee to you prompt payment when due to any obligation of the Company. It is understood that this guaranty shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company, I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of credit agreement hereby guaranteed, and to all renewals of extension of credit. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over to an attorney for collection, all attorney's fees plus all attendant collection costs.

_____	_____
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
_____	_____
PRINT NAME	PRINT NAME
_____	_____
TITLE	TITLE
_____	_____
DATE	DATE