

Dealer Credit Application

Company & Address

Name	
Address	
City	State Zip+
State License Number	Years In Business

Owner(s) Information

Name	Title		
Address			
City	State	Zip+	
Home Phone	Social Sec. #	Birth Date	

Please submit the above information for each Owner, Partner, Etc. using additional pages as necessary.

Business Reference (Two Year History)

1.	Name	Address	City/State/Zip	Phone Number
	Type of Account	Account Number	Contact Person	Phone Number
2.	Name	Address	City/State/Zip	Phone Number
	Type of Account	Account Number	Contact Person	Phone Number
3.	Name	Address	City/State/Zip	Phone Number
	Type of Account	Account Number	Contact Person	Phone Number

Company Bank References

1.	Name	Address	City/State/Zip	Phone Number
	Type of Account	Account Number	Contact Person	
2.	Name	Address	City/State/Zip	Phone Number
	Type of Account	Account Number	Contact Person	

Signature of Owner	Date	Signature of Owner	Date
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Terms and Conditions For Credit

I hereby authorize, acknowledge and agree, by signing this application, the following:

1. I authorize Home Security and Management Co., Inc., hereinafter referred to as "HSMC", or a recognized credit bureau, financial or investigative agency, to investigate the references herein listed or statements or other data obtained from me or any person pertaining to my credit and financial responsibility. You are hereby notified that your application will be submitted for financial approval; however, "HSMC" reserves the right to reject any application.

1a. If you are a Dealer starting a new company and have no Business Credit References, you may still utilize our Central Station. Just file an active credit card number with "HSMC", which can be used for monthly billing purposes. This would remain in effect until a one-year credit history has been established with "HSMC".

When the one-year credit history has been established with "HSMC", a new dealer in good standing will be switched to standard HSMC billing practices.

2. The Dealer warrants that the Dealer is able to pay for the services "HSMC" offers and that the Dealer is solvent. Furthermore, in consideration of the extension of credit by "HSMC" to me, I agree to promptly pay all bills in accordance with the following terms: All payments are due within fifteen (15) days after presentation of invoice for payment. Failure to comply with the stated payment terms within thirty (30) days after presentation of invoice, will result in the suspension of all monitoring services on those outstanding accounts upon seven (7) days written notice. Further services through "HSMC" will remain suspended until the accounts are brought up to date. At that time, "HSMC" will contact your company regarding authorization for future services, as well as reviewing the status of your credit line.

3. In the event any suit or action is instituted to collect money due on the account, I agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

Type of Card: Visa MasterCard

Name
on the
Card _____ Exp. Date _____ Card Number _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Personal Guarantee

For good and valuable consideration, including any agreement of HSMC to transactions

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Note: All Owners, Partners, Etc. must sign both sections.