



TITAN Security Products Inc.

4263 Oceanside Blvd, STE 106-136,
Oceanside, CA. 92056
Tel: (800) 930-6430
Fax: (877) 238-9070

DEALER APPLICATION

Please complete in full, sign and return to Titan Security Products Credit Department

Legal/Registered Business Name: _____

Other Trade Name(s): _____

Federal Tax I.D. # _____ State Resale Tax I.D. # _____

Billing/Mailing Address: _____ Shipping Address: (if different) _____

Telephone : (_____) _____ Telephone : (_____) _____

Fax : (_____) _____ Fax : (_____) _____

Email Address: _____ Web Site Address: _____

Type of Business

Retail Store Front Internet Store Retail Show Dealer Others, (Please Specify) _____

____ Corporation State Where Incorporated _____ Date: _____

Name of Chief Executive Officer _____ Title _____

Name of Chief Executive Officer _____ Title _____

____ LLC Name(s) : _____ SSN: _____

Name(s) : _____ SSN: _____

____ Partnership Name(s) : _____ SSN: _____

Name(s) : _____ SSN: _____

____ Sole Proprietor Owner : _____ SSN: _____

Driver's License: _____ Sate of : _____

Owner : _____ SSN: _____

Driver's License: _____ Sate of : _____

Business Contacts

Owner/President: _____ Tel: _____

Company Buyer: _____ Tel: _____

Accounts Payable: _____ Tel: _____

Trade Credit References

	<u>Name</u>	<u>Mailing Address</u>	<u>City, State, Zip</u>	<u>Telephone</u>	<u>Fax</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Bank References

1. Name of Bank _____ Acct. Officer _____
 Bank Address _____
 Telephone No _____ Account No.(s) _____

2. Name of Bank _____ Acct. Officer _____
 Bank Address _____
 Telephone No _____ Account No.(s) _____

Credit Card

Account # _____ Expiration Date _____
 Name that appears on Card: _____ Issuing Bank: _____
 Billing address on this Card: _____
 Cardholder's Signature: _____

THE CARDHOLDER'S SIGNATURE ABOVE CONSENTS AND AUTHORIZES FOR TITAN Security Products TO CHARGE AND/OR MAKE DEMAND ON SAID CREDIT CARD IN THE EVENT THAT:

- **WHEN VERBALLY REQUESTED, OR WHEN NOTED ON E-MAIL OR FAX ORDERS.**
- **A CHECK IS RETURNED FOR NON-PAYMENT AND PAYMENT IS NOT MADE WITHIN 10 DAYS**

The undersigned applicant hereby agrees and consents to the following:

1. That **TITAN Security Products** may contact the Bank and Trade Credit References listed on this application to obtain credit and payment history.
2. That I/We will comply with the terms, prices and conditions as specified in the **TITAN Security Products** Price List and Program (including revisions), which will take precedence over any terms, prices and conditions which may be included in the applicant's purchase orders. Seller's terms and conditions prevail.
3. That I/We will promptly notify the **TITAN Security Products** Credit Department of any change in ownership or financial condition that might affect our credit status.
4. That I/We will pay all **TITAN Security Products** invoices within the terms specified therein and that I/We will pay a finance charge of up to 1.5% per month (18% Annual Percentage Rate) or at the maximum interest rate allowed by

law, whichever is less to be assessed against any past due balances outstanding at each month end. Title to goods purchased does not pass until invoice is paid.

5. That if any portion of my/our account shall become overdue for payment, **TITAN Security Products** shall have the right to demand immediate payment of the entire account balance regardless of any future due dates which may have been previously granted.
6. That **TITAN Security Products** may withdraw any credit line previously extended in the event I/We default in payment of invoices or in the event of any other breach of this agreement by me/us.
7. That I/We agree to pay any and all necessary attorney fees, collection fees and/or court costs which **TITAN Security Products** may incur in order to collect any outstanding account balance owed to them by my/our company, or as required to enforce the terms of this agreement.
8. A \$35 fee will be charged for each check returned due to any reasons, and accounts will be changed to prepay or COD money order terms only for a 3-month review period.
9. Any account that is on TERMS, which is habitually late in making payments, will be placed on COD.

Agreed to by:

Date

Company Name

Print full Name

Authorized owner/officer signature

Title

Please send the completed form to:

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