

# SENTRY

## TECHNOLOGIES

**Cost-effective Automation Systems**

### *Customer Account Information Form*

*(please be assured that the following information will be held in strict confidence)*

**Corporation Information** – (\*abbreviated information required for municipal/public/government entity)

Legal Name of Firm\* \_\_\_\_\_

Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Municipal/Public Utility\* \_\_\_\_\_

**Mailing address\*** \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province\* \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email/Web site \_\_\_\_\_

**Physical address\***(if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province\* \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Do you pay Sales & Use Tax? No [ ] # \_\_\_\_\_ (copy of Exemption Certificate required)

Type of Business you do \_\_\_\_\_

In business since \_\_\_\_\_ No. of employees \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_

Owner's Name \_\_\_\_\_

**Corporate Bank** \_\_\_\_\_ **Bank Contact** \_\_\_\_\_

Bank Phone No. \_\_\_\_\_ Bank Fax No. \_\_\_\_\_

Normal Payment Terms – NET 30 DAYS unless otherwise approved by STI Credit Dept.

**Accounts Payable Contact** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Fax No.** \_\_\_\_\_ **Email address** \_\_\_\_\_

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Trade/Supplier References:

1. Name \_\_\_\_\_

City & State \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

2. Name \_\_\_\_\_

City & State \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

3. Name \_\_\_\_\_

City & State \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

4. Name \_\_\_\_\_

City & State \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

I, the undersigned hereby request an open account with Sentry Technologies, Inc. By signing this document, I authorize Sentry Technologies, Inc. to (a) conduct a credit investigation, (b) allow my Bank to release information and (c) allow my Trade references to provide information to facilitate the credit review. I certify that the information on this form is accurate and promise to meet all the conditions and terms stipulated in the Sentry Technologies, Inc. Terms and Conditions agreement. Finance charges of 1.5% per month may be added to my account on all overdue invoices.

Signed by \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_