



# LV SALES, INC.

Wholesale Distributors – Lock & Key Supplies

1831 Hyperion Avenue • Los Angeles, CA 90027-4745 • Tel.: (323) 661-4746 • Fax: (323) 661-1314  
(800) 894-KEYS Outside (323) Toll Free • E-Mail: [AR@lvsales.com](mailto:AR@lvsales.com) • Web: <http://www.lvsales.com>

## APPLICATION FOR TERMS, PURCHASE AGREEMENT AND/OR COMPANY CHECK WRITING PRIVILEGES

FIRM NAME(s): \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Resale (Sellers) Permit# \_\_\_\_\_ St: \_\_\_\_\_ (in Calif - send original signed card) DUNS RATING & # \_\_\_\_\_

Parent Company (if subsidiary): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Business: \_\_\_\_\_ No. Employees \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Payables phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ fax: \_\_\_\_\_

Tax ID # (E.I.N.) \_\_\_\_\_ Locksmith Permit # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Initial ONE:

Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ &>>State(s) Inc. \_\_\_\_\_ #Years in Business or Inc. \_\_\_\_\_

### INFORMATION ON OWNER(S), OFFICERS &/OR PARTNERS

*Use separate sheet(s) if more than one person – all owners, officers, & partners info required for terms account*

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

HOME Addresses (include physical home address if you give a PO Box): Street & #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Drivers Lic# \_\_\_\_\_ State: \_\_\_\_\_

Spouse: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Drivers Lic# \_\_\_\_\_

Previous Address(es) (5 years): Street & #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Dates at residences: \_\_\_\_\_ Current Home Tel# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you or any principals ever filed a petition for bankruptcy? *Initial:* Yes \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ No \_\_\_\_\_

Do you, your business or corporation have any lawsuits, liens or judgments against you? *Initial:* Yes \_\_\_\_\_ No \_\_\_\_\_

*If the answer to either or both of the above two questions is "yes" – explain fully, including dates and disposition, on a separate sheet of paper and attach hereto*

Bank: \_\_\_\_\_ Branch Street Address(es): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Acct# \_\_\_\_\_ Contact Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### LIST THE NAMES OF AT LEAST 3 PRINCIPAL FIRMS WITH WHOM YOU HAVE ESTABLISHED CREDIT:

Firm name	Acct#	Phone & Fax# s	Complete Address	(office use only)		
		Phone # ( ) - Fax # ( ) -	Street: _____ CSZ: _____			
		Phone # ( ) - Fax # ( ) -	Street: _____ CSZ: _____			
		Phone # ( ) - Fax # ( ) -	Street: _____ CSZ: _____			

