



APPLICATION FOR OPEN ACCOUNT
For new customers only.
Please complete and return with order.

Name of Business: Custom Security Integrated
Business Address: 1128 Ft. Worth Hwy
City: Weatherford State: TX Zip: 76086
Date Established: July 2010 Business Phone: 817-599-4400

Sales Tax ID # 3-20424-11242 Home # 817-599-4400 Fax # none
Fed ID# 27-3247000 E-Mail: Sfuller@txcsi.com
office@txcsi.com

Type of Business: Corporation () Partnership - Soc. Sec.#: _____
() Limited Liability () Sole Proprietorship - Soc. Sec.# _____
(If Sole Proprietorship or Partnership Social Security Number required)

Officers: _____

Bank References:
Name of Financial Institution: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # _____ Fax # _____
Type of Account: _____ Account #: _____

Trade References: **WE MUST HAVE A MINIMUM OF (3) VALID TRADE REFERENCES IN ORDER TO PROCESS YOUR APPLICATION - FAX NUMBER MUST BE INCLUDED.**

Company Name: ADI Contact: Sketch Mohan
Acct # X2890
Address: 12880 Valley Branch City: Farmers Branch State: TX Zip: 75234
Phone # 972-443-5916 Fax #: _____

Company Name: PSS - Premium Security Solutions Contact: Peter Hu
Acct # _____
Address: 15352 E Valley Blvd City: City of Industry State: CA Zip: 91746
Phone # 980-239-7263 Fax #: 626-598-1708

Company Name: Anixter Contact: Joel Shewry
Acct # _____
Address: 7731 Sand St. Bldg 10 City: Ft. Worth State: TX Zip: 76118
Phone # 682-463-5006 Fax #: 682-463-5011

This is to certify that all merchandise purchased by the undersigned from RECONYX, INC. is purchased for the purpose of resale. PLEASE NOTE: Interest will be charged at the rate of 1.5% per month on any unpaid balance on all overdue accounts. Purchasers are liable for all costs incurred by RECONYX, INC. in collection of delinquent accounts. I hereby authorize RECONYX, INC. to verify my bank account(s) as needed to process my credit application. I further authorize RECONYX, INC. to order a consumer credit report and verify other credit information, including past and present. It is understood that a copy of this application will also serve as authorization to obtain said information. Said information will be used in the processing of this credit application. These conditions are understood and agreed to.

SIGNED: [Signature] DATE: _____
PRINT NAME: Scott Fuller DATE: _____

PERSONAL GUARANTEE:
I hereby agree to pay to the undersigned vendor all indebtedness not or hereafter owing by me to said company, whether individually, partnership, or corporation. In consideration of said vendor extending credit to the above applicant, the undersigned does hereby individually and personally guarantee the sum or sums of money as may at anytime hereafter become due from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay any and all accrued interest and attorney fees as allowed by law.

SIGNED: _____ DATE: _____
PRINT NAME: _____ DATE: _____