



APPLICATION FOR OPEN ACCOUNT

For new customers only.
Please complete and return with order.

Name of Business: Complete Security Systems, Inc.

Business Address: 94 Vanderburg Road

City: Marlboro State: NJ Zip: 07746

Date Established: 11/15/1985 Business Phone: 732-780-6787

Sales Tax ID # 22-2684897 Home # Fax # 732-845-4789

Fed ID# E-Mail: info@completesecuritysystems.com

Type of Business: Corporation () Partnership – Soc. Sec.#: _____
() Limited Liability () Sole Proprietorship – Soc. Sec.# _____

(If Sole Proprietorship or Partnership Social Security Number required)

Officers: George C Mosley

Bank References:

Name of Financial Institution: TriState Capital Bank

Address: 110 Fieldcrest Avenue City: Edison State: NJ Zip: 08837

Phone # 609-512-2126 Fax # 609-512-2122

Type of Account: Checking 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: Joe Maselli
Acct # _____
Address: 263 Old Country Road City: Melville State: NY Zip: 11747
Phone # (908) 561-1888 Fax #:

Company Name: DMP Contact: Ken Nelson
Acct # _____
Address: 2500 North Partnership Boulevard City: Springfield State: MO Zip: 65803
Phone # 417-831-9362 Fax #: 417-831-1325

Company Name: Main Electric Supply Company, Inc. Contact: Ralph
Acct # _____
Address: 24 Public Road City: Monroe State: NJ Zip: 08831
Phone # 609-860-8500 Fax #: 608-860-1067

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:  DATE: 8/14/19

PRINT NAME: George C Mosley DATE: 8/14/19

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: _____



3828 Creekside Place
Holmen, WI 54636

Phone: 866-493-6064
Local: 608-781-6064
Fax: 608-779-1344

REQUEST FOR CREDIT REFERENCE

The customer shown below has given your company as a trade reference.
Kindly provide us with the following information and fax this form back to:

Matt Paulsrud, Accounts Receivable @ 608-779-1344

DATE: 8/22/2019

TO: ADI

ATTN: Luis Moncada

FAX

REGARDING : Complete Security Systems

94 Vanderburg Rd

Marlboro, NJ 07746

Sold From 1990

Date of Last Sale

Highest Credit 400k line

Terms Net 60

Amount Owing

Average Pay Days 25 days late

Current	31-60	61-90	91+
\$	\$	\$	\$

How do you rate this customer:

Excellent Very Good Good Average Poor

Additional Comments: Luis said they're a good customer
but have a history of paying late.

Signature: _____