



COD ACCOUNT APPLICATION

11053 Ables Ln., Dallas, Texas 75229
(972) 620-9999 (972) 620-0055 Fax
www.alarm-express.com

Cash Only
SECTION 1

Company Check
SECTION 1 & 2 (reverse side)

Application Date: _____

INCOMPLETE INFORMATION WILL DELAY PROCESSING OF YOUR APPLICATION

For **COMPANY CHECK** account type, please allow your bank 5 business days to respond.

COMPANY INFORMATION • SECTION 1

1

Legal Company Name: _____ Year Established: _____
dba (if applicable): _____ County: _____
Billing Address (1): _____ Commercial Residential
Billing Address (2): _____ Suite #: _____
City: _____ State: _____ Zip Code: _____ - _____

2

Shipping Address (1): _____ Commercial Residential
Shipping Address (2): _____ Suite #: _____
City: _____ State: _____ Zip Code: _____ - _____

3

Business Phone: (____) ____ - ____ Business Fax: (____) ____ - ____
Federal Tax ID #: _____ Charge Sales Tax: YES NO - *separate resale form required*
Our Company is a: Corporation LLC Partnership Proprietorship, in the state of: _____
Contractor License: Alarm # _____ State: _____ Fire # _____ State: _____
Purchases will primarily be: WILL-CALL SHIPPED PO Required: YES NO

If you are applying for a **CASH ONLY** account -you're done! sign below and forward to our office for processing.

If you are applying for a **COMPANY CHECK** account, please continue on the reverse side.

CASH ACCOUNT TERMS AND CONDITIONS

I (we) request a **CASH ONLY** account with Alarm Express, Inc. All purchases are to be paid in **CASH** and/or verifiable **CERTIFIED FUNDS**. I (we) understand credit card purchases require a separate pre-authorization form on file prior to the transaction. Each sales transaction document reflects additional terms and conditions in effect at the time of sale. A copy for our review is available prior to the sale upon our written request to: Alarm Express, Inc., 11053 Ables Ln., Dallas, Texas 75229.

Printed Name: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

BANK INFORMATION • SECTION 2

Account Name: _____

Bank Name: _____

Checking Account #: _____

Branch: _____

Savings Account #: _____

Contact: _____

Street Address (1): _____

City: _____ State: _____ Zip: _____

Street Address (2): _____

Branch Ph: (_____) _____ - _____ Ext: _____

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I (we) consent to the release of banking information on the aforementioned business banking account(s) to Alarm Express, Inc. for the purpose of evaluating our credit worthiness. I (we) understand an inquiry fee may be charged to our account(s) and hereby authorize you to electronically debit the above listed business banking account(s) any customary 3rd party inquiry fee that may be necessary to fulfill this request from Alarm Express, Inc.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Officer Title: _____

Officer Title: _____

Date: _____ / _____ / _____

Date: _____ / _____ / _____

To minimize delay, signature(s) above must be on the bank account "Authorized Signature" card.

BANK USE ONLY

BANKING INSTITUTION TO COMPLETE

BANK USE ONLY

**B
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**B
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N
K**

Customer Since: _____

Average Monthly Balance: \$ _____

Returned Check Activity in Last 12 Months?

Account Type: _____

YES NO

Average Monthly Balance: \$ _____

If YES, How Many: _____

Account Type: _____

COMPANY CHECK ACCOUNT TERMS AND CONDITIONS

I (we) request a **COMPANY CHECK** account with Alarm Express, Inc. All purchases are to be paid with our **COMPANY CHECK** and/or **CASH** and/or verifiable **CERTIFIED FUNDS**. I (we) understand credit card purchases require a separate pre-authorization form on file prior to the transaction. Our **COMPANY CHECK** account will be assigned an open check limit based on our historical banking information. Returned checks from our company are subject to a \$25 fee, per check, per event. Additionally, our returned check will accrue a 1.5% service charge, computed monthly, limited to 18% annually, until all related charges are settled. Our returned check, not settled within 30 days of the check date will be categorized as a collection item and is subject to reporting to any or all of the major credit bureaus, i.e. Experian, Equifax. Our returned check is assignable to a third party for the purpose of electronic processing and collection of the face value and the maximum legally allowed processing fee. Each sales transaction document reflects additional terms and conditions in effect at the time of sale. A copy for our review is available prior to the sale upon our written request to: Alarm Express, Inc., 11053 Ables Ln., Dallas, Texas 75229.

Printed Name: _____

Title: _____

Signature: _____

Date: _____ / _____ / _____



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Texas Sales Tax Resale Certificate

This completed certificate should be furnished to the supplier. **DO NOT** send the completed certificate to the Comptroller of Public Accounts.

Name of purchaser, firm or agency: _____

Phone (Area code and number) _____

Address (Street & number, P.O. Box or Route number) _____

City, State, ZIP Code _____

Texas Issued - Limited Sales Tax Permit:

Must be 11 digits to be valid

A

Out-Of-State - Retailer's Registration Number: _____

B

Pending - Date Applied for Texas Permit:

- -

Month

Day

Year

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I, the purchaser named above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice form, from:

SELLER - Alarm Express, Inc., 11053 Ables Ln., Dallas, Texas 75229

Description of items to be purchased on the attached order or invoice:

Access Control - Burglar - Fire - CCTV - Related Low Voltage Material and Accessories and/or: _____

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

Professional Security and/or Fire Contractor and/or: _____

The taxable items described above, or on the attached order or invoice, will be resold, rented, or leased by me within the geographical limits of the United States of America, its territories and possessions, or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offence to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser Signature: _____ Title: _____ Date: _____