

midwest Security Products

3840 Herr Road Sylvania, OH 43560
Tel: 419-534-6886 Fax: 419-534-6888
www.mwspi.com

Thank you for your interest in
Midwest Security Products, Inc. To
expedite your application, please
complete ALL required information.

CREDIT APPLICATION

Section I: Customer Name and Address (Complete or attach fact sheet)

<p>Bill To:</p> <input type="text"/> <p>Address:</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p>Web Address: <input type="text"/></p>	<p>Ship To:</p> <input type="text"/> <p>Address:</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p><i>If more than one ship to address, please attach separate sheet.</i></p>
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Section II: Key Personnel

<p>Accounts Payable Contact:</p> <input type="text"/> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p>Email: <input type="text"/></p>	<p>Purchasing Contact:</p> <input type="text"/> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p>Email: <input type="text"/></p>
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Section III: Tax Status

<p>Customer Tax Exempt Status:</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES (Attach Tax Exemption Certificate)</p>	<p>If yes, Tax ID Number: <input type="text"/></p> <p><input type="checkbox"/> Tax Exemption Certificate is attached</p>
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Section IV: Financial / Credit Data

Form of Business:

Proprietorship Partnership LLC Corporation

Years in business: _____ Duns#: _____ Parent Company: _____

Relationship to parent:

Subsidiary Division Other

List Principal Officers:

Name: _____	Title: _____	Name: _____	Title: _____
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For Partnerships & Sole Proprietorships:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
SSN: _____ Telephone: _____	SSN: _____ Telephone: _____

Section V: Trade/Bank References (Complete or attach customer information sheet)

Trade References:

Company: _____	Phone: _____	Fax: _____
Address: _____	Contact: _____	
City: _____ State: _____ Zip: _____		

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Company: <input type="text"/> Address: <input type="text"/> <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	Phone: <input type="text"/> Fax: <input type="text"/> Contact: <input type="text"/>
Company: <input type="text"/> Address: <input type="text"/> <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	Phone: <input type="text"/> Fax: <input type="text"/> Contact: <input type="text"/>
Bank References:	
Bank: <input type="text"/> Address: <input type="text"/> <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	Phone: <input type="text"/> Fax: <input type="text"/> Contact: <input type="text"/>
Bank: <input type="text"/> Address: <input type="text"/> <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	Phone: <input type="text"/> Fax: <input type="text"/> Contact: <input type="text"/>

I/We, the undersigned, acknowledge that the information supplied on this application for credit is true, accurate and complete. I/We, hereby authorize Midwest Security and/or its subsidiaries to investigate the trade and bank references and any other information pertaining to our credit and financial responsibility. I/We agree to pay all invoices in accordance with the terms of sales shown on such invoices and statements provided, and if invoices are not paid as agreed, the such past due balances will be considered delinquent. Delinquency may result in finance charges being assessed of 1.5% per year, or the highest amount allowed by law. In the event of a delinquent

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account, the applicant will be responsible for all reasonable attorney fees and collection costs. In the event of a dispute, applicant agrees to pay undisputed balances owed. In the event of litigation, each party waives the right to a jury trial. I/We, the undersigned, accept that the creditor reserves the right to change the terms of sale and credit limit on this account at any time, with or without notice to applicant and at creditor's sole and absolute discretion I/We acknowledge that the creditor does not accept "payment in full" checks and payments will be applied at creditor's discretion. I/We understand the creditor has the right to withdraw credit approval at any time prior to delivery and the right to withdraw credit, period. All information received will be held strictly confidential.

Authorized Signature (Must be signed by Owner, Officer, Partner)

Title

Printed Name

Date