



Legal Company Name: _____

DBA (if any): _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Years in Business: _____

Fed Tax ID (EIN): _____ Website: _____

Principal/Officer Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

INVOICE BILL-TO ADDRESS

Bill-To Address: _____

Bill-To City: _____ State: _____ Zip Code: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

BUYER CONTACT

Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

ASSISTANT BUYER CONTACT

Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

SHIPPING/RECEIVING CONTACT

Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

SHIPPING & FREIGHT CHARGES

Please specify your company preferred carrier and account number. If not specified, freight costs may be added to your order.

Please check one: UPS FEDEX Account #: _____

BUSINESS TYPE (CHECK ALL THAT APPLY)

- Brick & Mortar Retail
- Catalog / Internet
- Home / Personal Security Consulting

PRIMARY CHANNEL OF TRADE (CHECK ONE)

- Gun / Sporting Goods
- Law Enforcement / First Response
- Surveillance Products
- Wholesale Distributor
- Other

SALES TAX EXEMPTION CERTIFICATION

Customers in all states, except Florida and New York, must complete and submit a Multi-Jurisdiction Uniform Sales and Use Tax Certificate. Customers in Florida must provide a copy of their current Annual Resale Certificate for Sales Tax issued by the state of Florida. Customers in New York must complete and submit a New York State and Local Sales and Use Tax Resale Certificate.

CREDIT APPLICATION

Credit Amount Requested: \$ _____

Note if applying for open account credit terms, please provide responsive supplier references. We will check your credit history with these references. Any requests for credit over \$10,000 must be accompanied by current financial statements.

Company: _____ Contact: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Company: _____ Contact: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

WARRANTY AND REPRESENTATION

I, the undersigned, hereby warrant and represent that all information provided herein is true and accurate to the best of my knowledge. As a principal/officer having company authority and if I have requested open terms, I authorize Mace to make any and all inquiries necessary regarding my company's credit worthiness and financial condition. I agree full payment is due within the terms established by Mace Security International, Inc. If payment is not made within terms, I acknowledge that a late penalty charge, using an annual percentage rate of 18%, may be assessed on each past due invoice amount until paid in full. If my account is placed with an attorney for collection, I agree to pay all reasonable attorney fees and all costs, as well as late payment charges, to the extent permitted by law.

Principal/Officer Name: _____ Title: _____

Signature: _____ Date: _____

Please submit this completed form along with your Sales Tax Exemption Certification (if exempt) to: Email Address: customerservice@mace.com

Fax Number: 800-775-6223

FOR INTERNAL USE ONLY

To be completed by internal sales personnel.

Outside Sales Representative: _____

Rep No. _____

Internal Salesperson: _____

Customer Type: _____

Price Level (check one): 1=Dealer 2=Distributor Contract Pricing: (attach price list)

Discount Rate: _____

Freight prepaid: _____

Freight collect: _____

Sales Dept. Approval: _____ Date: _____

TO BE COMPLETED BY ACCOUNTING

Credit Limit: \$ _____

Terms: _____

Accounting Dept. Approval: _____ Date: _____