

# Locke Supply Apartment/Maintenance Credit Application

P. O. Box 26128, Oklahoma City, OK 73126-0128

New Accounts: Phone: 405-631-9756 Fax: 405-632-2471



Please check if applicable:  I need a catalog  I need to place an order  Order attached

## Property or Business Information (FOR ADDITIONAL PROPERTIES, PLEASE ATTACH A PROPERTY LIST)

Property or Business Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number of Units/Rooms \_\_\_\_\_ Property Type:  Multifamily  Hospitality  Other \_\_\_\_\_  
Billing Address:  Owner/Management Co.  Property  Other \_\_\_\_\_  
 Send Invoices Via Email Email \_\_\_\_\_  
EPA # \_\_\_\_\_ EPA Level \_\_\_\_\_

### Requested credit limit

(Anticipated monthly spend)

### Are you sales tax exempt?

(An exemption certification must be attached.)  Yes  No

## Owner or Management Information Owner Fee Management Co. Date Property Purchased \_\_\_\_\_

Total Properties Owned/Managed \_\_\_\_\_ Total Units Owned/Managed \_\_\_\_\_ Years in Business \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Type of Business:  Sole Proprietorship  Corp  Partner  LLC  Government  Other \_\_\_\_\_

## Company Principals

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Purchasing Instructions

Preferred Authorization Contact Method  Phone  Fax  E-mail

P.O. required for all purchases  P.O. required only for orders over \$ \_\_\_\_\_  Approval required if order is over \$ \_\_\_\_\_

Approval Contact Name/Title \_\_\_\_\_ Authorization Phone (\_\_\_\_) \_\_\_\_\_

Authorization E-mail \_\_\_\_\_ Authorization Fax (\_\_\_\_) \_\_\_\_\_

**Please Attach Authorized Purchaser's list with full names and titles only if you wish to regularly maintain authorized purchasers.**

## Terms of Payment

Discounts are allowed as stated on the invoices if paid within 30 days from the date of the invoice. Any invoice after the 30 days will be considered past due thereafter. All amounts that are due for purchases from Locke Supply Co. are payable at P. O. Box 24980, Oklahoma City, OK 73124-0980

Invoices are received at the time of purchase and are due 30 days from invoice date with a 5% discount on subtotal before tax. Signature also authorizes all creditors to accept a photocopy of the signature and release credit information to Locke Supply Co.

Please see terms as listed on page 2 of the Locke Supply Catalog

Title  Management Company Principal  Property Owner  Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (PLEASE PRINT) \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Locke Branch Manager \_\_\_\_\_ Store # \_\_\_\_\_ Date \_\_\_\_\_