

R.A.P. SECURITY, INC  
4630 CECELIA ST  
CUDAHY CA 90201



TEL: 323 560-3493  
FAX: 323 560-0205

### Gourmet Flexi

### APPLICATION FOR OPEN ACCOUNT

Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Credit Requested: \_\_\_\_\_  
Authorized Purchasing Agent \_\_\_\_\_

Type Of Business: \_\_\_\_\_  
Resale Number: \_\_\_\_\_ (required or sales tax will be applied)  
(Resale Form Enclosed)

**Bank References:**

Bank Name: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone# \_\_\_\_\_  
Fax # \_\_\_\_\_

**Officers:( Required)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Trade References:**

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing above, we agree to the following terms and conditions. If this account is deemed uncollectable, we agree to pay all expenses included for the collection of this account including but not limited to attorney fees and court fees.