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**NEW ACCOUNT APPLICATION**

LEGAL NAME OF COMPANY	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> RETAIL STORE		
TRADE NAME/DBA	TYPE OF BUSINESS	YEARS IN BUSINESS	
BILLING ADDRESS	YEARS AT PRESENT ADDRESS	OWN _____	LEASE _____
CITY, STATE, COUNTRY, ZIP CODE	TAX RESALE NUMBER	COD CASH _____	CREDIT CARD _____
SHIPPING ADDRESS: (If different)	TELEPHONE NUMBER	FAX NUMBER	
CITY, STATE, COUNTRY, ZIP CODE	WEB SITE ADDRESS		

**NAME OF PRINCIPALS/OFFICERS**

FULL NAME (First, Last)	TITLE	E-Mail Address
FULL NAME (First, Last)	TITLE	E-Mail Address
FULL NAME (First, Last)	TITLE	E-Mail Address

**SECURITY SUPPLY RELATED TRADE REFERENCES (*REQUIRED for consideration*)**

The following references should indicate that the applicant has previously purchased equipment such as surveillance cameras and digital video recorders, and therefore indicate that the applicant is involved in a security and surveillance business with products related to Luxor Direct. Please include only the most relevant references.

**Please type or print legibly for fastest processing.**

1) COMPANY NAME	ACCT#	TEL #	FAX#	TERMS
2) COMPANY NAME	ACCT#	TEL #	FAX#	TERMS
3) COMPANY NAME	ACCT#	TEL#	FAX#	TERMS

1). It is understood that all applications are processed through headquarters in Stafford, TX. This agreement shall be governed by the laws of the State of Texas. In the event of lawsuit or other legal proceeding, buyer covenants and agrees that Stafford, TX shall be the only proper venue and that the appropriate Court of Stafford, TX, retains both in term and in personal jurisdiction over buyer and all of buyer's assets.

**2). AUTHORIZATION TO SECURE INFORMATION:**

Permission is herewith granted to obtain credit information from all listed references including banks.

BUYER: \_\_\_\_\_ (Print Name) \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please fax the completed form, with state-issued Sales Tax and Use Permit or equivalent form, to (866)864-7508 or e-mail to [sales@closeoutcctv.com](mailto:sales@closeoutcctv.com)**