

CREDIT APPLICATION

Last:		First:		Middle Initial:		Title:	
Addr	'ess:	Email:					
		ш., ми.					
	-	Office Dhame.	2-11-				
		Office Phone:	Cell:				
COMPANY / CORPOR	ATF INFORMATION					<u> </u>	
Legal		Trade Name (dba)		Ad	Additional Locations		
	Name	Trade Name (uba)		7.0	iultional Eco.	dions	
Dillin o A							
Billing A	Address	Shipping Address					
Phone	Fax	Web	site				
Type of B	Business:	Resale Tax C	ertificate #:	Y	Year Established:		
Legal Form of Busin	ness: (choose one)	Federal ID #:		D & B #:			
Corpo							
Partne	ership	State Sales Tax #:		Si	tate Incorpor	ated:	
Proprie	·				-		
Officers Na	· ·	Parent Company (if Division/Subsidiary):		Compai	Company Principal Name/Title:		
		r arent company (ii bivision/subsidiary).			.,		
!		Address:			Phone:		
		Address.		i none.			
		Email:		Email:			
		Email:		Linaii.			
Purchasing D	ept. Contact:	Accounts Payable Contact:		Preferred N	lethod to Red	ceive Invoices:	
Phone:		Phone:		1			
Fax:		Fax:					
Email:		Email:		1			
				1			
	L_						
BANK REFERENCES							
Institution Name:		Institution Name:		Institution Name:			
Contact Name:		Contact Name:			Contact Na	me:	
Checking Account #:		Savings Account #:		Home Equ	ity Loan:	Loan Balance:	
Address:		Address:			Address		
Phone:		Phone:		Phone:			
i none.		i none.		i none.			

TRADE REFERENCES

Company Name:	Company Name:	Company Name:	
Contact Name:	Contact Name:	Contact Name:	
Address:	Address:	Address:	
Phone:	Phone:	Phone:	
Fax:	Fax:	Fax:	
Email:	Email:	Email:	
Account #:	Account #:	Account #:	
Account Opened Since:	Account Opened Since:	Account Opened Since:	
Credit Limit:	Credit Limit:	Credit Limit:	
Current Balance:	Current Balance:	Current Balance:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is
to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this
credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained
herein.

Please send these completed and signed documents to PrimarySource:

Date

✓ Credit Application

Signature

✓ Copy of Resale Certificate

Any questions please contact your Account Development Manager

CUSTOMER SERVICE: 800-304-5651 CORPORATE OFFICE; 4900 NE 11TH Avenue – Oakland Park, FL 33334 WAREHOUSE: 3143 Fleetbrook Drive – Memphis, TN 38116 LOCAL:954-202-8025 FAX: 800-350-3860 WEB: prysource.com