



**PRO FASTENING
SYSTEMS, INC.**

WWW.PROFASTENING.COM



A PRO FASTENING SYSTEMS COMPANY

APPLICATION FOR CREDIT ACCOUNT

DATE: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

YEAR ESTABLISHED: _____ PURCHASE ORDER REQUIRED? YES ___ NO: ___

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CORPORATION: ___ INDIVIDUAL: ___ PARTNERSHIP: ___

PRINCIPAL NAME(S): _____ TITLE: _____

PRINCIPAL EMAIL(S): _____

PURCHASING CONTACT(S): _____

PURCHASING EMAIL(S): _____

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE EMAIL: _____

PLEASE PROVIDE A VALID EMAIL FOR INVOICE DELIVERY: _____

FEDERAL ID NUMBER: _____

RESALE NUMBER (IF APPLICABLE): _____

PLEASE ATTACH A
COPY OF YOUR RESALE
CERTIFICATE

ALSO DOING BUSINESS UNDER ANOTHER NAME? YES ___ NO: ___

IF YES, LIST NAME: _____

PLEASE PROVIDE 4 CURRENT TRADE REFERENCES (**BUSINESS AND CONTACT NAME**):

- | | | |
|----------|--------------|------------------|
| 1. _____ | EMAIL: _____ | PHONE/FAX: _____ |
| 2. _____ | EMAIL: _____ | PHONE/FAX: _____ |
| 3. _____ | EMAIL: _____ | PHONE/FAX: _____ |
| 4. _____ | EMAIL: _____ | PHONE/FAX: _____ |

BANK: _____ ACCOUNT #: _____

BANK CONTACT: _____ CONTACT EMAIL: _____

UPON APPROVAL OF YOUR CREDIT YOU WILL BE SET UP ON AN OPEN ACCOUNT. TERMS ARE NET 30.

A FINANCE CHARGE AT THE RATE OF 1 ½ PER MONTH, 18% ANNUALLY WILL BE CHARGED ON ALL PAST DUE ACCOUNTS.

****I HAVE READ, UNDERSTAND, AND AGREE TO PRO FASTENING SYSTEMS CREDIT TERMS****

SIGNATURE: _____ DATE: _____



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THIS FORM MUST ACCOMPANY CREDIT APPLICATION- PLEASE READ CAREFULLY

APPLICANT (CUSTOMER) HEREBY APPLIES FOR CREDIT WITH PRO FASTENING SYSTEMS, INC. (PFS) ACCORDING TO THE TERMS AND CONDITIONS SET FORTH BELOW. IF PFS APPROVES THIS CREDIT APPLICATION AND EXTENDS CREDIT, APPLICANT AGREES TO BE BOUND BY THE FOLLOWING TERMS AND CONDITIONS IN CONNECTION WITH THE PURCHASE OF PRODUCT FROM PFS ON A CREDIT BASIS. "PURCHASE ON CREDIT" AS USED HEREIN SHALL MEAN ALL PURCHASES WHERE PAYMENT IS NOT MADE BY CASH OR CHECK AT THE TIME OF PURCHASE. APPLICANT AGREES THAT THE TERMS AND CONDITIONS SET FORTH BELOW SHALL TAKE PRIORITY OVER ANY OTHER PROVISIONS ON THE SAME MATTERS CONTAINED IN ANY PURCHASE ORDERS OR CONTRACT DOCUMENTS PREVIOUSLY OR SUBSEQUENTLY ENTERED INTO.

APPLICANT ACKNOWLEDGES THAT THE INFORMATION DISCLOSED AND REPRESENTATIONS MADE BY APPLICANT IN THE APPLICATION ARE FOR THE PURPOSE OF INDUCING PFS TO EXTEND CREDIT TO APPLICANT. IT IS INTENDED THE PFS WILL REPLY ON THESE REPRESENTATIONS. APPLICANT FURTHER REPRESENTS THAT ALL INFORMATION DISCLOSED IN THIS APPLICATION ARE TRUE AND ACCURATE.

TERMS AND CONDITIONS OF CREDIT

THE NET AMOUNT OF ALL INVOICES SHALL BE DUE ON THE 30TH DAY FOLLOWING THE DATE OF THE INVOICE.

CUSTOMER AGREES TO PAY PFS AN INTEREST/SERVICE CHARGE ON ALL PAST DUE AMOUNTS AT THE RATE OF 1 1/2% PER MONTH. CUSTOMER AGREES TO PAY ALL ATTORNEY FEES, EXPENSES AND COSTS THAT MAY BE INCURRED BY PFS IN COLLECTING PAST DUE AMOUNTS OWED.

AT ANY TIME AN ACCOUNT BECOMES PAST DUE, PFS RESERVES THE RIGHT TO IMMEDIATELY TERMINATE ANY FURTHER SUPPLY OF PRODUCT TO CUSTOMER WITHOUT PRIOR NOTICE. ALL INTEREST CHARGES MUST BE PAID IN FULL BEFORE CREDIT MAY BE RE-ESTABLISHED. PFS CLOSELY MONITORS PAST DUE ACCOUNTS TO DETERMINE IF MECHANICS LIENS SHOULD BE FILED OR WHETHER OTHER PROMPT ACTION SHOULD BE TAKEN TO SECURE OUR FINANCIAL INTERESTS.

SIGNATURE OF APPLICANT /CUSTOMER

PRINT NAME & TITLE OF PERSON AUTHORIZED TO SIGN APPLICATION ON BEHALF OF CUSTOMER

WITNESS SIGNATURE

IF APPLICANT IS A CORPORATION OR PARTNERSHIP, ARE YOU WILLING TO SIGN A PERSONAL GUARANTY?

Yes _____ No _____ IF YES, PLEASE COMPLETE:

"I HEREBY AGREE TO PERSONALLY GUARANTY ALL OBLIGATIONS OF APPLICANT PURSUANT TO THE AGREEMENT."

SIGNATURE, HOME ADDRESS, AND PHONE

PLEASE SEND YOUR COMPLETED APPLICATION TO YOUR LOCAL PRO OR INK SMITH LOCATION



WISCONSIN

6418-A S. Howell Ave.
Oak Creek, WI 53154
(414) 764-1246
ben@profastening.net

ILLINOIS
44 E. University Drive
Arlington Heights, IL 60004
(847) 577-7185
don@profastening.net
PRO Corporate Headquarters



CHICAGO, IL
3352 North Milwaukee Ave.
Chicago, IL 60641
(773) 777-5825
sales@inksmithinc.com

INDIANA
8140 Zionsville Road
Indianapolis, IN 46268
(317) 872-6620
jim@profastening.net

