

The following information must be **completed in full** and will be held in the strictest confidence

Billing address:

Name _____
 Name of Parent Co./Mgmt Co. (if applicable) _____

 Address _____
 City, State, Zip Code _____
 County _____
 Name of Accounts Payable manager: _____

Shipping address: (If different than Billing Address)

Name _____
 Address _____
 City, State, Zip Code _____
 County _____
 No. of Apartment/Housing Units _____
 Phone # _____ Ext. _____

OWNERSHIP:

Name _____
 (Principal Owner(s))
 Address _____
 City, State, Zip Code _____
 Phone number _____

Number of years in business _____
 Phone number _____
 Fax number _____
 Sales Tax Exempt? **No** % Rate _____
Yes Please attach form
 Credit Amount requesting \$ _____

BANK REFERENCE:

Name _____
 Address _____
 City, State, Zip _____

Account # _____
 Phone # _____
 Fax # _____

TRADE REFERENCES:

1
 Name _____
 Address _____
 City, State, Zip _____

2
 Name _____
 Address _____
 City, State, Zip _____

3
 Name _____
 Address _____
 City, State, Zip _____

Account # _____
 Phone # _____
 Fax # _____

Account # _____
 Phone # _____
 Fax # _____

Account # _____
 Phone # _____
 Fax # _____

Tax Exempt Certificates (if applicable) must be mailed with this form.

Authorization To Release Information: The undersigned authorizes any Bank or Trade Account listed above to release any and all information to PDQ Supply, Inc. for the purpose of obtaining sufficient credit history to establish a new account.

Terms: NET 15 Days. Payment is due no later than fifteen (15) days following the date of invoice. A finance charge of one and one-half percent (1-1/2%) per month (annual percentage rate of eighteen percent (18%)) will be added to any unpaid balance due after fifteen (15) days. I will pay all reasonable expenses incurred by PDQ in collection, including but not limited to reasonable attorneys' fee, accountants' fees, court costs and other charges.

Authorized Signature: _____ Date: _____

Printed Name: _____