



APPLICATION PACKET



Account Application

Date _____ Contractors License# _____ Phone# () _____

Company Name _____ Fax# () _____

Billing address _____ City _____ State _____ Zip _____

Street address _____ City _____ State _____ Zip _____

Email address _____ Cellular # _____

Type of business (check one) Retail store Service/Repair Co Builder other
(check one) Corp Partnership Proprietorship

Do you claim sales tax exemption? Yes or No (if Yes please submit signed certificate)

Year business began _____ Ever declare bankruptcy? Yes or No

Type of account preferred (check one)

C.O.D. Open account – Amount requested \$ _____

All applicants will be responsible for all returned checks

Applicant authorizes Proline Distributors to run a credit check.

Purchase order number _____ Address _____

Company President/Owner's address & Social Security # must be shown on this application.

Name _____ S.S.# _____ Home phone# () _____

Home address _____ City _____ State _____ Zip _____

Please check one own rent Drivers License# _____

Name _____ S.S.# _____ Home phone# () _____

Home address _____ City _____ State _____ Zip _____

Please check one own rent Drivers License# _____

Name of Bank you are now banking with _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Account# _____

Trade References

Company Name _____ Company Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Credit Limit _____ Credit Limit _____

TO PROCESS YOUR REQUEST FOR CREDIT PROLINE WILL REQUIRE

- 1) PHOTO COPY OF YOUR DRIVERS LICENSE
- 2) PHOTO COPY OF YOUR CONTRACTORS LICENSE
- 3) SIGNED TAX CARD IF TAX EXEMPT

Your signature(s) below mean(s) that in consideration on Proline Distributors, Inc. extending credit to you. You agree to the following terms of this agreement.

- (A) Proline Distributors, Inc. will assign you a maximum line of credit and has the right to reduce or withdraw your credit privilege under this credit agreement at any time.
- (B) OUR STANDARD TERMS OF SALE ARE 1% 10, NET 20TH OF THE MONTH. PAST DUE ACCOUNTS ARE NOT ENTITLED TO ANY DISCOUNTS. ACCOUNTS NOT PAID BY THE 21ST WILL AUTOMATICALLY BE PUT ON C.O.D ON THE 21ST OF THE MONTH. Should your account become past due, a partial payment on the past due amount of any C.O.D purchases will be added, which will be applied toward the oldest past due balance. Amounts not paid by the 20th of the month bear interest thereafter at 18% per annum and all cost of collection and all cost of collection, including attorney's fees are the obligation of the customer. A charge of \$50.00 per check will be added for all NSF checks.
- (C) If you account becomes delinquent, all privileges may be cancelled. If Proline Distributors, Inc. requires outside agents to collect any default amount, that all reasonable collections, finance charges, attorney's fees and court costs will be your obligation as well as all principal amount due. The undersigned waives its right to a trial by jury.
- (D) The undersigned whether principal, surety, guarantor, endorser, or other part hereto, an in their individual capacities, agrees to be jointly and severally bound and hereby waive demand, protest and notice of demand, protest and non payment.
- (E) In consideration of extension of credit granted by Proline Distributors, Inc. I/we as individuals hereby jointly and severally unconditionally guaranty payment of whatever amount shall at anytime be owing to Proline Distributors, Inc. on account of goods hereafter delivered, whether said indebtedness be in the form of notes, bills, or open account. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals or extensions granted, without obtaining any consent thereto, and until expressly revoked by written notice from the undersigned as to any indebtedness contracted prior to such revocation. The undersigned as individuals additionally jointly and severally unconditionally guaranty payment of any interest due and all costs of collection, but not limited to court costs and reasonable attorney's fees. Notice of indebtedness and default in payment are hereby waived.
- (F) Any signature(s) on this credit agreement and my/our use of the account constitutes my/our consent to the terms and conditions of the account and the credit agreement. Everything I/we have stated in this application is correct and true to the best of my/our knowledge. You are authorized to check my/our credit history, to answer questions about my/our credit experience on this application with my/our bank. I/we hereby acknowledge receipt of a copy of this credit agreement.
- (G) It is agreed that all invoices rendered to the undersigned, will be payable to Proline Distributors, Inc. at either the Boca Raton branch, Florida 33487 the West Palm Beach branch, Florida 33407, or the Davie branch Florida 33331 and that in the event of a default in payment, any suit for collection may be brought in Broward County, and/or Palm Beach County, Florida.
- (H) Any account placed in collection will be assessed an additional 33 1/3% collection fee to the delinquent balance. This will not be in the nature of a penalty but as liquidated damages to cover the extra administrative efforts by the company for delinquent accounts.

Signature _____ Date _____
Individually, and if applicable, corporately

Print Name _____

Witness _____ Date _____



BANK VERIFICATION FORM

Bank Name: _____
Account Number: _____
Address: _____

Dear Executive,

Your name has been given to us as a credit reference. Please provide the following credit information regarding this account. Your prompt reply is requested.

PLEASE FAX RESPONSE TO: 561-241-1851

Sincerely,

Ann Belotti
A/R Manager

I AUTHORIZE YOU TO RELEASE TO PROLINE DISTRIBUTORS THE INFORMATION THEY HAVE REQUESTED.

Customer Signature: _____
Date: _____
of NSF Checks: _____
Open Date: _____
Secured Loans: _____
Unsecured: _____
Account Rating: _____
Comments: _____

Signature: _____
Title: _____
Date: _____



Dear Valued Customer:

Thank you for your interest in purchasing from Proline Distributors Inc.

The attached application must have all of the following requirements in order to be processed.

Application must be SIGNED and completed if you wish to write a CHECK or have an OPEN ACCOUNT.

- A CLEAR photocopy of your DRIVERS LICENSE.
- A CLEAR photocopy of your CONTRACTORS LICENSE or SWIMMING POOL LICENSE.
- A signed TAX EXEMPTION CARD if applicable.

Thank you for taking the time to make sure all of the above is completed.

Sincerely,

A/R Department



Dear Customer,

In order to alleviate unauthorized purchases on your account, please complete this form.

If at any time your company personnel changes, its imperative that you file a new form with the new employee names in order to keep your account information up to date.

Company Name: _____
Account Number: _____
Address: _____

The following personnel are authorized to purchase on this account:

Who do we notify if your account is past due or we are holding an order you have placed?

Name: _____ Title: _____ Phone: _____ Fax: _____
Name: _____ Title: _____ Phone: _____ Fax: _____

Signature: _____ Title: _____ Date: _____



**PROLINE DISTRIBUTORS, INC.
JOB SITE DELIVERY ACKNOWLEDGEMENT**

The undersigned customer of Proline Distributors, Inc. acknowledges as follows:

1. Proline Distributors, Inc. assumes no liability for missing merchandise after job site delivery is completed. The undersigned customer recognizes that when asking for a job site delivery, the customer or his authorized agent should be present to accept the merchandise. If the undersigned customer or his authorized agent is not present at the time of delivery, the merchandise will be left unattended without recourse.
2. Proline Distributors, Inc. may change these terms and conditions at any time.

Customer Signature: _____

Title: _____

Date: _____

Company Name: _____

Address: _____

Account Number: _____