



INTERNET APPLICATION

Regardless of the type of account requested, both sides of form must be completed in full.

Submitted By: _____
(SALES REPRESENTATIVE)

P&E Distributors, Inc. / ATA Distributors

GOODLETTSVILLE, TN

(800) 251-2034
Local: (615) 851-8060
Fax: (615) 851-4053

CHATTANOOGA, TN

(800) 243-6251
Local: (423) 499-2941
Fax: (423) 499-2945

MARIETTA, GA

(800) 882-3035
Local: (770) 988-8108
Fax: (770) 988-8105

Terms Requested (Check One) ☐ C.O.D. ☐ C.O.D. Company Check ☐ Monthly (Net 10)
☐ Credit Card MC/VISA (There is a 3% Convenience Fee)

Firm Name: _____
Fax: () _____
Street Address: _____
Mailing Address: _____
Business Type: ☐ Proprietorship ☐ Partnership ☐ Corporation
Real Estate Property Owned (Value) \$ _____
Years in Business: _____ Same Location? Y N (circle one)
Buyer: _____

Phone: () _____
Dedicated? Y N (circle one) E-Mail Address: _____
City: _____ State: _____ Zip: _____
City: _____ State: _____ Zip: _____
If "Corporation," Name of President: _____
Mortgage Amt.: \$ _____ Mortgagee: _____
Approx Monthly Sales Volume: \$ _____
P.O. (Purchase Order) # Required? Y N (circle one)

BANK REFERENCE

Bank Name: _____ Contact: _____
Phone: () _____ Fax: () _____ Account #: _____

PERSONAL DATA OF OWNER/PARTNER

Owner/Pres: _____	Partner: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: () _____	Home Phone: () _____
Social Security #: _____ - _____ - _____	Social Security #: _____ - _____ - _____

"The undersigned does hereby make application for a credit account to Performance and Electronics Distributors, Inc. and by doing so authorizes Performance and Electronics Distributors, Inc., in connection with the establishment and maintenance of this account, to investigate our credit worthiness and capacity. The undersigned warrants the foregoing answers are true and accurate in every respect. I affirm our firm is financially able to meet any commitments we have made and will pay your invoices according to your terms. In addition, it is mutually agreed and understood that this account is subject to a finance charge (the maximum percentage rate allowed by law), which may be imposed on any invoice or invoices not paid within terms. The undersigned agrees to pay all costs and expenses incident to the collection of past due invoices and unpaid remainders, including court costs and reasonable attorney fees. I have thoroughly read and do understand this credit agreement and by evidence of my signature, agree to said terms."

My signature below gives the above Bank and Trade References the authority to release credit information to P & E Distributors, Inc. I understand that by signing this application, I am authorizing P & E Distributors, Inc. to obtain a credit report on my personal data from one or more credit reporting agencies. All information provided is true and correct to the best of my knowledge.

Date

Signature of Owner/President

Signature of Partner

INDIVIDUAL, LIMITED LIABILITY CORPORATION (LLC), or PARTNERSHIP PERSONAL GUARANTY

"In consideration of P & E DISTRIBUTORS, INC. AND IT'S SUBSIDIARY OPERATIONS, extending credit to _____ (name of company to which credit is extended), the undersigned unconditionally guarantees the payments of and all indebtedness owed to P & E DISTRIBUTORS, INC. AND IT'S SUBSIDIARY OPERATIONS, and the undersigned makes such guarantee and further agrees that if the said P & E DISTRIBUTORS, INC. AND ITS SUBSIDIARY OPERATIONS, expends any monies for the collection of said indebtedness, the undersigned will pay, in addition, all attorney fees and cost of collection of the said indebtedness. I further agree that for any future deliveries of goods or services, I agree to pay all costs of collection, including reasonable attorney fees for the enforcement of any indebtedness against the undersigned. This shall be a continuing obligation of the undersigned, their legal representative, successors and assignees. Undersigned also agrees that any litigation necessary to enforce collection of this debt will be governed under the jurisdiction of the State of Tennessee and jurisdiction shall be specifically vested in the Courts of Davidson County, in Nashville, Tennessee. This obligations shall cover the renewal of any claims guaranteed by this instrument of extensions of time payment thereof, without further notice thereof to the guarantors.

I/WE HAVE READ AND FULLY UNDERSTAND THE AFOREMENTIONED AGREEMENT.

GUARANTOR SIGNATURE: _____ WITNESS: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUARANTOR SIGNATURE: _____ WITNESS: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

All monthly accounts are due by the 10th of the month following purchase. At the end of the month, any balance not paid will be subject to a 1.5% finance charge. The finance charge is computed by applying 1.5% per month simple interest on all unpaid balances, annual percentage rate, 18%.

All blanks on this application must be filled out complete regardless of the type of account you are applying for. Check to make sure that all information you are providing is complete and accurate. Failure to do so will result in delay of setting up your account or non-acceptance of your request for an account.

TRADE REFERENCES

Name: _____ Acct #: _____ Phone #: (____) _____
City, State, Zip: _____ Fax #: (____) _____

Name: _____ Acct #: _____ Phone #: (____) _____
City, State, Zip: _____ Fax #: (____) _____

Name: _____ Acct #: _____ Phone #: (____) _____
City, State, Zip: _____ Fax #: (____) _____

Name: _____ Acct #: _____ Phone #: (____) _____
City, State, Zip: _____ Fax #: (____) _____

The following items MUST be submitted with your application:

- Copy of Business License
- Copy of Your State Tax Certificate of Resale
- Photo of Your Store Front

CREDIT CARD AUTHORIZATION

Complete this portion only if you are planning on paying with a credit card account.

This agreement shall authorize P & E Dist./ATA to process your Credit Card to be used for the purpose of paying for merchandise or services.

P & E Dist./ATA accepts these major credit cards including: MasterCard, Visa.

Date: _____

Business Name: _____

Contact: _____

Phone #: _____ Fax #: _____

MUST BE A BUSINESS CARD ONLY

CREDIT CARD INFORMATION

CARD #: _____

TYPE: MasterCard, Visa, (Circle One)

EXPIRATION DATE: _____

CVV#: _____ (last three digits on back of card)

MAILING ADDRESS FOR CARD: _____

AUTHORIZED SIGNATURE: _____

A 3% convenience fee will be applied to all credit card orders.

Streamlined Sales and Use Tax Certificate of Exemption

This is a multistate form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. ☐ Check if you are attaching the Multistate Supplemental form.
☐ ☐ If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. ☐ Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. **Please Print:**

Name of Purchaser _____

Business Address		City	State	Zip Code
Purchaser's Tax ID Number		State of Issue		Country of Issue
If no Tax ID Number: Enter one of the following:	1) FEIN _____	2) Driver's License Number or State Issued ID Number State _____ No. _____		3) Foreign Diplomat Number _____

Please Print:

Name of seller from whom you are purchasing, leasing or renting _____

Seller's address	City	State	Zip code
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4. **Type of business.** Circle the number that describes your business

- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) _____ |

5. **Reason for exemption.** Circle the letter that identifies the reason for the exemption.

- | | |
|---|---|
| A Federal government (department) _____ | H Agricultural production # _____ |
| B State or local government (name) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (name) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K _____ |
| E Charitable organization # _____ | L Other (explain) _____ |
| F Religious or educational organization _____ | |
| G Resale _____ | |

6. **Sign here.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser	Print Name	Title	Date
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**Streamlined Sales and Use Tax
Certificate of Exemption
Multistate Supplemental**

Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR*		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
OK		
RI		
SD		
TN*		
UT		
VT		
WA		
WV		

**SSUTA Direct Mail provisions are not in effect for Arkansas and Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

WY		
XX		
XX		
XX		
XX		
XX		
XX		
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XX		