

INTERNET APPLICATION

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

Submitted By:
(SALES REPRESENTATIVE)

Firm Name: _____

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) 427-3802 Fax: (770) 427-3810

Phone: (____)

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)

Fax: ()		Dedicated? YN (circle	one) E-Mail Addr	ess:
		City:	State:	_ Zip:
		City:	State:	Zip:
Business Type: ☐ Proprietorshi	p 🗆 Partnership 🗀 Corporation	If "Corporation," Nam		
Real Estate Property Owned	(Value) \$	Mortgage Amt.: \$		
	Location? Y N (circle one)	Approx Monthly Sales		
Buyer:				
	BANK RE	FERENCE		
ank Name:				
hone: <u>(</u>)	Fax: ()	Acco	unt #:	
<i>t</i> -	PERSONAL DATA O	i -		
		Partner:		
		Home Address:		
ity, State, Zip:		City, State, Zip:		
lome Phone: <u>()</u>		Home Phone:()_		
ocial Security #:		Social Security #:	-	-
so authorizes Performance a account, to investigate our c in every respect. I affirm our to your terms. In addition, it percentage rate allowed by I to pay all costs and expenses	by make application for a credit according Electronics Distributors, Inc., in cordit worthiness and capacity. The urfirm is financially able to meet any cois mutually agreed and understood to aw), which may be imposed on any in a incident to the collection of past durave thoroughly read and do understood	onnection with the establishmersigned warrants the foot ommitments we have made that this account is subject invoice or invoices not paid e invoices and unpaid rem	shment and mainte oregoing answers a de and will pay you to a finance charg d within terms. The nainders, including	enance of this are true and accurate ir invoices according e (the maximum aundersigned agrees court costs and
Inc. I understand that by sign	e above Bank and Trade References t ning this application, I am authorizing t reporting agencies. All information	P & E Distributors, Inc. to	obtain a credit rep	oort on my personal
Date	Signature of Owner/President		Signature of Par	tner

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

"In consideration of P & E DISTRIBUTORS, INC. AI	ND IT'S SUBSIDIARY OF	•	•	
unconditionally guarantees the payments of and all indel OPERATIONS, and the undersigned makes such guarante ITS SUBSIDIARY OPERATIONS, expends any monies for th addition, all attorney fees and cost of collection of the sa goods or services, I agree to pay all costs of collection, in indebtedness against the undersigned. This shall be a consuccessors and assignees. Undersigned also agrees that a governed under the jurisdiction of the State of Tennessee Davidson County, in Nashville, Tennessee. This obligation instrument of extensions of time payment thereof, without further notice thereof to the guarantors.	otedness owed to P & e and further agrees the collection of said indid indebtedness. I furt cluding reasonable attributing obligation of the intinuing obligation shall as shall cover the reneval.	E DISTRIBUTC nat if the said ebtedness, the her agree tha orney fees for he undersign to enforce co be specificall	PRS, INC. ANP & E DISTR the undersign the the enforced, their leg collection of y vested in the	ID IT'S SUBSIDIARY RIBUTORS, INC. AND ned will pay, in cure deliveries of ement of any ral representative, this debt will be the Courts of
I/WE HAVE READ AND FULLY UNDERSTAND THE AFOREM	IENTIONED AGREEMEI	NT.		
GUARANTOR SIGNATURE: C	WITNESS:			
ADDRESS: C	ITY:	STATE:	_ ZIP:	
GUARANTOR SIGNATURF:	WITNESS:			
GUARANTOR SIGNATURE: C	ITY:	STATE:	ZIP:	
All monthly accounts are due by the 10th of the month for will be subject to a 1.5% finance charge. The finance charge unpaid balances, annual percentage rate, 18%. All blanks on this application must be filled out complete make sure that all information you are providing is comp your account or non-acceptance of your request for an a	rge is computed by approper regardless of the type lete and accurate. Fail	olying 1.5% pe	er month sir ou are apply	mple interest on all ving for. Check to
TRADI	E REFERENCES			
Name:	Acct #:	Pł	none #: <u>(</u>)
City, State, Zip:				
Name:	Acct #:	Pł	none #: <u>(</u>)
City, State, Zip:	Fax #: ()	· ·		
Name:	Acct #:	Pł	none #: <u>(</u>)
City, State, Zip:	Fax #: (<u>)</u>			

The following items MUST be submitted with your application:

- Copy of Business License

City, State, Zip:_____

- 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.

	Fax #:
	BE A BUSINESS CARD ONLY
	CREDIT CARD INFORMATION
CARD #:	
TYPE: MasterCare	d, Visa, (Circle One)
EXPIRATION DATE	‡ :
CVV#:	(last three digits on back of card)
MAILING ADDRES	S FOR CARD: