

☐ SOLE PROPRIETORSHIP ☐ CORPORATION DBA/OFFICIAL NAME: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_\_) \_\_\_\_\_

3. Business Address (PO BOX not accepted) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

5. Owner/Officer: \_\_\_\_\_

6. Social Security Number #: \_\_\_\_\_

7. Driver's License #: \_\_\_\_\_

8. Billing Address (PO BOX not accepted) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9. Home Phone#: (\_\_\_\_\_) \_\_\_\_\_ Home Fax#: (\_\_\_\_\_) \_\_\_\_\_

10. Requested Amount of Credit: \$ \_\_\_\_\_

11. Preferred Method of Payment: ☐ CHECK ☐ CASH (WILL CALL ONLY) ☐ AMERICAN EXPRESS\* ☐ DISCOVER\* ☐ MASTERCARD\* ☐ VISA\*

\*FILL OUT ACCOUNT INFORMATION BELOW

\*Account#: \_\_\_\_\_ Exp: \_\_\_\_\_ Name On Card: \_\_\_\_\_

**BANK REFERENCE**

Bank Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Officer/Contact: \_\_\_\_\_ Account#: \_\_\_\_\_ Type: ☐ Checking ☐ Savings**BUSINESS REFERENCES** (A minimum of 3 are required)**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Fax#: (\_\_\_\_\_) \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Fax#: (\_\_\_\_\_) \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Fax#: (\_\_\_\_\_) \_\_\_\_\_

**I AGREE TO PQL'S TERMS & CONDITIONS:**

A. Terms are net 20 days.

B. P.Q.L., Inc. shall have the right to amend the terms and conditions of this agreement by advising me of its intentions to do so.

C. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if the account is placed in the hands of an agency or attorney for collection or legal action to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

D. A service charge of 1.5% per month (18% annual percentage rate) will be applied to all balances unpaid after forty five (45) days.

E. If my account is not paid in 90 days, I authorize P.Q.L., Inc. to charge my credit card for the outstanding balance(s) plus any applicable interest and fees:

**CREDIT CARD TYPE** \_\_\_\_\_ **C.C.#** \_\_\_\_\_ **EXPIRATION** \_\_\_\_\_ **CARDHOLDER** \_\_\_\_\_

I hereby certify that all statements in this application are true and complete and made for the purpose of obtaining credit, and give the right to contact any references listed above. I also certify that P.Q.L. Inc. has the right to obtain personal credit information as outlined by the Fair Debt Collection Practices Act. Any personal or corporate information obtained will be held in the strictest confidence.

Date: \_\_\_\_\_

(SIGNATURE of Owner or Person(s) Guaranteeing Payment)

Title(s): \_\_\_\_\_

(PRINT NAME of Owner or Person(s) Guaranteeing Payment)