



**ELECTRONICS CORPORATION**

*"The Difference in Wireless Distribution"*  
4180 East Sand Ridge Road  
Morris, IL 60450  
Phone 800-435-1636 Fax 815-436-9138

**Credit Application**

Company Name: \_\_\_\_\_ Primus Account #: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ D&B #: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Exemption, Resale or Direct Pay #: \_\_\_\_\_ FEIN: \_\_\_\_\_  
(must include copy of certificate)

Type of Organization:     \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Limited Liability Corporation

Date Business Established: \_\_\_\_\_ In the State of: \_\_\_\_\_

**Trade References**

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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**Bank Reference**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please attach a copy of the most recent financial statement (certified, audited statements preferred).**

Terms Requested: \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_

**Open Account Agreement**

**Open Credit Account Agreement:** By signing, using, or requesting issuance of open credit by Primus Electronics Corporation you agree as follows:

**USE OF ACCOUNT:** Account holder will be responsible for all credit extended by PRIMUS ELECTRONICS CORPORATION in connection with this open credit account. The account holder will pay to PRIMUS ELECTRONICS CORPORATION at the address designated on the invoice, all drafts and obligations evidencing the credit and all extensions thereof and all service charges, when imposed, in full within the time and at the terms provided therein.

**ACCOUNT HOLDERS RESPONSIBILITY:** Account holder agrees to pay a service charge on delinquent accounts in the amount of .05 % per month and agrees to be responsible for and to pay for all products sold to account holder on Net Thirty Terms unless otherwise agreed to in writing or as invoiced. PRIMUS ELECTRONICS CORPORATION may revoke account holder's credit and reserves the right to close this account whenever they deem necessary.

**AUTHORIZATION:** Account holder understands and agrees to permit PRIMUS ELECTRONICS CORPORATION to conduct and investigate report and to obtain information regarding account holder's credit. Account holder hereby authorizes PRIMUS ELECTRONICS CORPORATION to contact third parties to obtain financial information regarding the account holder's credit capacity, general credit reputation, character and such other and further information as PRIMUS ELECTRONICS CORPORATION may deem necessary.

**DEFAULT:** Payment is to be made in full on invoices issued by PRIMUS ELECTRONICS CORPORATION. On any default or failure to pay, it is agreed that the account holder will pay a finance charge at a periodic of 0.5 % per month / annual percentage rate of 6% applied to the "previous unpaid balance." If not paid in full, PRIMUS ELECTRONICS CORPORATION may declare any unpaid balances immediately due and payable. In addition, account holder agrees to pay all costs of collection including but not limited to the prejudgment interest, attorney's fees, and court costs.

**ENFORCEMENT:** This agreement is binding on the account holder, the account holder's heirs if any, representatives, successors in interest, and assigns.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

***If you have any questions please call 800-435-1636.  
Fax all completed forms to 815-436-9138.***



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**Blanket Certificate of Resale**

This is to certify that all services, materials, merchandise or goods purchased by the undersigned from Primus Electronics Corporation after \_\_\_\_\_ were purchased for the following reasons:

\_\_\_\_ Resale or rental as tangible personal property.

\_\_\_\_ Resale as service.

\_\_\_\_ To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.

\_\_\_\_ To be exported for sale, use or consumption outside the continental limits of the United States.

\_\_\_\_ Other: \_\_\_\_\_

In the event any such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or authorized amount. Description of property to be purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Country: \_\_\_\_\_

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

Purchaser's Certificate Registration #: \_\_\_\_\_

Expiration Date of Certificate (if applicable): \_\_\_\_\_

**A copy of your Resale Certificate or Tax Exemption Certificate must accompany this form.**