

CREDIT APPLICATION

Date of Application: ___ / ___ /20___ Federal ID No.: _____ Dun & Bradstreet No.: _____

Business Name: _____

Street Address: _____ Years at this Address: _____

City: _____ County: _____ State: _____ Zip : _____

Phone: _____ Fax: _____ Email: _____

Shipping Address: _____

Accounts Payable Contact: _____

Type of Business: "Proprietorship" "Partnership" "Corporation" Date Established: _____

Principals:

Principal: _____ Title: _____

Principal: _____ Title: _____

Principal: _____ Title: _____

Trade References of Major Products & Services:

Company: _____ Company: _____

Address: _____ Address: _____

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

Phone or Fax: _____ Phone or Fax: _____

Company: _____ Company: _____

Address: _____ Address: _____

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

Phone or Fax: _____ Phone or Fax: _____

Bank References:

Name: _____ Phone: _____

Street Address: _____ Contact: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Has the Firm or any of its Principals ever been Bankrupt: Yes No

If Yes, Explain _____

AGREEMENT

I/We wish to establish credit with **ProTech Systems, Inc.** and certify that the above information is correct. Any false information may result in cancellation of credit privileges. I/We understand that the terms of **ProTech Systems, Inc.** are net 30 days from the date of invoice with interest on past due accounts charged at a rate of 1.5% per month (18.0% A.P.R.). I/We agree to comply with these terms if credit is extended. In the event that **ProTech Systems, Inc.** determines that collection and/or legal services will be necessary in order to collect amounts owed, all such costs of collection shall be added to the account and become the debtor's obligation.

I/We understand that unless a valid sales tax certificate is presented, **ProTech Systems, Inc.** will assess appropriate sales tax to invoices. The undersigned grants his/her authorization to inquire from any of the provided references and receive from them any and all information regarding their accounts and payment history. All information provided will be held in strict confidence.

Authorized Signature _____ Title _____ Date _____