



306 CONNECTICUT DRIVE * BURLINGTON, NJ 08016 * PHONE: (609) 747-1040 * FAX (609) 747-1047

CREDIT APPLICATION

COMPANY NAME: _____ DATE: _____
 BILLING ADDRESS: _____ OURS IS A:
 _____ CORPORATION _____
 DELIVER ADDRESS: _____ PARTNERSHIP _____
 _____ PROPRIETORSHIP _____

TELEPHONE No.: (_____) _____ FAX No.: (_____) _____

EMAIL ADDRESS: _____

PRINCIPALS: 1) _____ TITLE _____
 2) _____ TITLE _____
 3) _____ TITLE _____

ACCOUNTS PAYABLE CONTACT: _____

YEARS IN BUSINESS: _____ TYPE OF BUSINESS: _____

OTHER EQUIPMENT LINES: _____

CREDIT REQUIRED: \$ _____

ANY OTHER TRADE NAMES USED BY APPLICANT: _____

OUR STANDARD METHOD OF BILLING DELIVERY IS EMAIL.

PLEASE PROVIDE AN A/P EMAIL ADDRESS: _____

IF YOU WOULD PREFER A DIFFERENT METHOD OF BILLING DELIVERY PLEASE CHECK DESIGNATED BOX:

MAIL FAX: (_____) _____

PURCHASE ORDER REQUIRED? _____ DELIVERY SIGNATURE REQUIRED? _____

TRADE REFERENCES (PLEASE LIST THREE)

Phone :(_____) _____ Phone :(_____) _____ Phone: (_____) _____

Fax: (_____) _____ Fax: (_____) _____ Fax: (_____) _____

(SEE OTHER SIDE)

125 KENYON DRIVE * LAKEWOOD, NJ 08701 * PHONE: (732) 363-4755 * FAX: (732) 363-4799

210 B. PROGRESS DRIVE * MONTGOMERYVILLE, PA 18936 * PHONE: (215) 699-4610 * FAX: (215) 699-4985

601 ELMWOOD AVENUE * FOLCROFT BUSINESS PARK * SHARON HILL, PA 19079 * PHONE: (610) 461-7180 * FAX (610) 461-7183

BANK REFERENCE

(_____) _____ (_____) _____

TERMS: Net 20th prox days. A late charge of 1.5% will be added to all monies not paid when due.

I authorize P&N Distribution Corp. to check all references necessary. To the best of my knowledge & belief the above information is true and accurate. I agree to pay all bills according to the terms listed.

In the event the account is placed for collection or suit instituted to collect same or any portion thereof, I and/or we agree to promise to pay an attorney's fee of 33 1/3% of the balance then due and owing.

SIGNED: X _____ DATE: X _____

PERSONAL GUARANTEE

STATEMENT: IN CONSIDERATION OF CREDIT BEING EXTENDED BY P&N DISTRIBUTION CORPORATION I AND/OR WE CONSENT TO THE JURISDICTION OF THE SUPERIOR COURT OF NEW JERSEY, BURLINGTON COUNTY FOR ANY AND ALL DISPUTES. I AND/OR WE HEREBY WAIVE A JURY TRIAL AND WAIVE THE ABILITY TO FILE A COUNTERCLAIM. I AND/OR WE ADDITIONALLY CONSENT TO THE ABSOLUTE UNCONDITIONAL PAYMENT FOR ANY AND ALL OBLIGATIONS AND EXTENSION OF CREDIT IN THIS MATTER. I AND/OR WE HEREBY UNDERSTAND AND AGREE THAT I AND/OR WE HAVE AN ABSOLUTE UNCONDITIONAL REQUIREMENT FOR PAYMENT OF ANY AND ALL EXTENSIONS OF CREDIT.

STATEMENT: I AND/OR WE UNDERSTAND THAT IN THE EVENT THAT THIS ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTIONS OR SUIT INSTITUTED TO COLLECT SAME OR ANY PORTION THEREOF, I AND/OR WE AGREE TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY FEES AT 33 1/3 PERCENT, PLUS CONTINUING INTEREST AT 1.5 PERCENT PER MONTH.

NOTE: IT IS IMPORTANT THAT YOU THOROUGHLY READ BEFORE SIGNING.

X _____ X _____
APPLICANT/GUARANTOR AND PLEDGE SPOUSE/GUARANTOR AND PLEDGE

-----FOR P&N USE ONLY-----

APPROVED CREDIT LINE: \$ _____ APPROVED: _____

SALESMAN: _____ DATE: _____