



# Customer Application for Credit Terms

Print this form, fill it out completely and fax it to Parallel Technology at 310-320-1365

IMPORTANT: Incomplete applications will not be processed.

ALL REFERENCES MUST INCLUDE TRADE NAMES & FAX NUMBERS

Legal Name of Firm: \_\_\_\_\_ DBA Name(s) \_\_\_\_\_

Billing Name (If Applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

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

Accounts Payable Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Web Address (URL): \_\_\_\_\_

State of incorporation/main registration: \_\_\_\_\_

Circle appropriate item:           ★ Corporation           ★ Partnership           ★ Proprietorship

Type of business: \_\_\_\_\_ Date business established: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Estimated monthly purchases: \_\_\_\_\_

Do you provide data to run Dun & Bradstreet? \_\_\_\_\_ DUNS number: \_\_\_\_\_

Federal Taxpayer ID: \_\_\_\_\_ Are you publicly held? \_\_\_\_\_ Trading Symbol: \_\_\_\_\_

Bank References: \_\_\_\_\_

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ Checking Account No. \_\_\_\_\_

\_\_\_\_\_ Savings Account No. \_\_\_\_\_

City: \_\_\_\_\_ Contact: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

# PARALLEL

TECHNOLOGY, LLC

Trade References:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State & Zip: \_\_\_\_\_ State & Zip: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Terms: \_\_\_\_\_ Terms: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State & Zip: \_\_\_\_\_ State & Zip: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Terms: \_\_\_\_\_ Terms: \_\_\_\_\_

By signing below, you authorize Parallel Technology to contact any references given, including banks, to verify credit standing. You also grant permission to the trade and bank references listed above to impart financial information requested by Parallel Technology in the course of a regular credit investigation.

Parallel Technology relies on the above agreement and on the truth of the information provided by the applicant in deciding to grant credit. Furthermore, at its sole and absolute discretion, Parallel Technology reserves the right to refuse credit or grant further extension of credit at any time. It is further understood that all terms and conditions contained herein shall be binding for all present and future business transactions between the Applicant and Parallel Technology unless otherwise provided for in writing by Parallel Technology.

In the event that charges are not paid when due, you agree to pay a monthly service charge of 1.5% of balance due or the maximum provided by law (whichever is less) for each month charges are not paid.

BY (signature):

Title (owner, partner, officer):

Print Name:

Date: