

Credit Application

Existing PRS Customer? Yes No

VENDOR			
Name	PALLET REPAIR SYSTEMS, INC.	Fax #	217-291-0008
		Phone #	217-291-0009
City, State	JACKSONVILLE, IL		
Vendor Contact	Vendor Number		

CUSTOMER			
Company Name			Phone #
Address	City	State	Zip
Contact Name	No. of Employees	Year Established	
Business Nature	<input type="checkbox"/> Corporation: Date Incorporated _____, State _____		<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship

PERSONAL DATA on Major Stockholders, Partners or Proprietor				
PERSONAL INFORMATION IS REQUIRED FOR ALL CORPORATIONS IN BUSINESS LESS THAN TWO YEARS, HAVING LESS THAN 10 EMPLOYEES AND ALL PARTNERSHIPS OR PROPRIETORSHIPS.				
	Name	Title	Home Address	Social Security #
1.				
2.				
3.				

BANK REFERENCES (Two-Year History)					
	Name	City/State	Phone #	Contact	Account #
1.					
2.					

TRADE REFERENCES					
	Name	City/State	Phone #	Contact	Account #
1.					
2.					
3.					
4.					

PRODUCT To Be Purchased			
Quantity	Description	Estimated Purchase Amount Per Month	Other

AUTHORIZATION	
I hereby authorize any credit bureau or other investigative agency to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I agree to pay any invoice from PRS in accordance with the specified terms set forth on the invoice for all product received by my company. I may return the product for a refund of the value of the merchandise less any restocking fees and freight charges deemed necessary by Pallet Repair Systems. I further agree to pay a finance charge of 1.5% per month, which equals 18% per year for balances over 30 days past due. I understand that if my account is referred to a collection agency or lawyer for collection it will result in additional fees and expenses payable by my company.	
Date _____	Signature/Title _____

