



# Application and Agreement for Credit

## PRR Systems Division

3150 E. Pico Blvd., Los Angeles, CA 90023  
Phones (888)213-1348 • (323)647-6700 / Fax (323)261-3711

Please fill in all spaces completely. An incorrect application will result in a delay in processing your credit account.

Business name: \_\_\_\_\_ Date business started: \_\_\_\_\_

Billing address: \_\_\_\_\_ Shipping address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ A/P contact: \_\_\_\_\_

Authorized purchasing agents: \_\_\_\_\_ Is a purchase order required?  Y  N

Type of business:  corporation  partnership  sole proprietorship. If for resale, resale number: \_\_\_\_\_

Legal owner(s) name: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail invoices/statement:  Y  N. If yes, include E-mail: \_\_\_\_\_ Federal/SSN I.D. No.: \_\_\_\_\_

### SALE TERMS AND CONDITIONS

Terms are net 30 days from invoice date. A late charge of 1½% per month (18% per annum) will be applied to balances 30 days past due. If your account is placed with an attorney or collection agency, in addition to the balance and late charges due seller, you will also be responsible for collection costs, attorney fees and court costs.

The above information is for the purpose of obtaining credit and is warranted to be true. I (we) agree to pay all amounts due upon receipt of statement of account, or as otherwise expressly agreed. If the corporation fails to make payment, I (we) guarantee to pay all balances due seller. Authorization is hereby granted to investigate and verify the above information. Additional information may be written on the other side of this sheet or attached.

*Having read all of the above, please sign where indicated. If business is a corporation, two corporate officers must sign; if business is a partnership, all partners must sign.*

Business name: \_\_\_\_\_

Signed by: _____ Date: _____	Signed by: _____ Date: _____
Print name and title: _____	Print name and title: _____
Signed by: _____ Date: _____	Signed by: _____ Date: _____
Print name and title: _____	Print name and title: _____

After completion of this form, please print out and manually sign, then send to:  
Credit Department, 3150 East Pico Boulevard, Los Angeles, CA 90023-3683 / Phone (323)261-8114 • Fax (323)264-4278