

Credit Agreement & Fax Consent Form

812.424.8268 / 800.755.5458, fax 812.424.8330

sales@protexall.com, 210 S. Morton Avenue, Evansville, IN 47713

PRO-TEX-ALL

Facility Maintenance Chemicals, Supplies & Equipment

Company Name: _____ Year Started: _____ Requested Credit: _____
(include all DBAs)

Owner's Name: _____ () Corporation () Partnership () Sole Proprietorship

Phone: _____ Fax: _____ E-Mail: _____ Web: _____

Billing Address: _____
(address, city, state, zip)

Shipping Address: _____
(address, city, state, zip)

Purchasing Contact: _____
(name, phone, fax, email)

Accounts Payable Contact: _____
(name, phone, fax, email)

Invoice's will be emailed. Please provide email contact & address for invoice _____

Are Purchases Tax Exempt? () Yes () No *If yes, please mail an **original** of your State Tax Exemption Certificate.*

Are Purchase Orders Required? () Yes () No State Tax I.D. Number: _____

Employees authorized to purchase: _____
(name, title)

Type of business: () Not for Profit () Commercial Property () Janitorial Contractor () Government () Health Care
() Hospitality () Industrial () Manufacturing () Food Processing () School () _____

Trade Credit References (list businesses with whom you have 30 day charge account):

Company Name	Contact	Phone	Company Name	Contact	Phone
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1. _____ 2. _____

The Telephone Consumer Protection Act requires companies to obtain prior express written permission before sending to any fax machine (*this includes order confirmations or pricing verification*). **I understand that by providing my fax number(s) and signature, I consent to receive all fax communications sent by Pro-Tex-All Company.**

() I agree to receive faxes () I do not want to receive any faxes

This Credit Agreement must be completed in full and signed!

- Our credit terms are Net 30 Days (*payment is due 30 days from the date of the invoice*).
- Outstanding amounts not paid within terms are considered past due and subject to 1.5% per month interest.
- Customer agrees to be responsible for collection costs or reasonable attorney's fees, if necessary.
- **Signature acknowledges acceptance of above terms.**

Printed Name	Signature	Title	Date
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Acct# _____ Credit _____ Rep _____ By _____ Date _____ (Form 02.12)