



# PME DISTRIBUTING

3100 Elkhorn Blvd. North Highlands, CA. 95660

A division of JAYCAR Industries Inc.



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## CREDIT AGREEMENT

### Business Information

Name of Business \_\_\_\_\_ Years in Business \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Web Page \_\_\_\_\_

Type of Business (choose one only) - Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

### Bank Reference

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number (s) \_\_\_\_\_ Contact Name \_\_\_\_\_

### Owner(s) or Stockholder Information

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

### Business History

Building: Owned ( ) Leased ( ) Rented ( ) Monthly Mortgage (rent) \_\_\_\_\_ Years at Location \_\_\_\_\_

Total Annual Sales (last fiscal) \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

Tax Resale Number \_\_\_\_\_

(Complete on the reverse side)

**Trade References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

**Other Than my Bank, My Two Largest Secured Creditors Are:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

It is agreed between the above named party(s), referred to as Buyer, Approved open accounts will be billed at net 10<sup>th</sup> terms. The 25<sup>th</sup> of the month will be the statement closing date. Funds are due and payable by the 10<sup>th</sup> of the following month. All unpaid balances will be late as of the 15<sup>th</sup>. On the 20<sup>th</sup> of the month, locked account notices will be sent via fax and/or USPS mail and 1-1/2% per month interest (\$20.00 min.) will begin to accrue effective the 16<sup>th</sup> of that month. No further shipments will be made until the balance is paid in full. **PME** shall retain a 100% security interest in all merchandise until paid in full, and in the event of a default of payment. **PME** may take possession of goods without legal process. It is further agreed that buyer shall be liable for all collection costs including transportation and reasonable attorney's fees incurred during the collection of this account. If buyer is a corporation, the individuals signing below are personally liable for all charges made by the Corporation.

In the event that the buyers credit history is unsatisfactory or for accounting purposes, buyer may option to have their Credit Card # on file as the primary payment method. I authorize my credit card for purchases if Credit Card Information listed below has been utilized.

Signed \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

(In the event of a partnership, all partners must sign; if a corporation, all major stockholders must sign as individuals)

**Credit Card Information**

Card Number \_\_\_\_\_

Visa \_\_\_\_ M/C \_\_\_\_ Name as spelled on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Authorization signature \_\_\_\_\_ Date Signed \_\_\_\_\_





## TERMS OF SALE

### Qualifications:

1. Signed and approved Credit Application and Terms of Sale with Resale Number on file at PME Distributing.
2. List with name of persons Authorized to purchase PME / Triton Engineering products.

### Payment:

All sales are to be prepaid by Visa, Master Card or COD (money order or certified check). Approved open accounts will be billed at net 10<sup>th</sup> terms. The 25<sup>th</sup> of the month will be the statement closing date. Funds are due and payable by the 10<sup>th</sup> of the following month. All unpaid balances will be late as of the 15<sup>th</sup>. On the 20<sup>th</sup> of the month, locked account notices will be sent via fax and/or USPS mail and 1-1/2% per month interest (\$10.00 min.) will begin to accrue effective the 16<sup>th</sup> of that month. Payment will be posted on the day of arrival unless other arrangements have been made in advance. Credit Card orders will be billed prior to shipment. Returned checks will be assessed a \$25.00 service charge. The purchaser will be responsible for all collection and legal costs related to past due funds. Make checks payable to PME Distributing.

### Returns:

All returns will require a Return Authorization Number (R.A. #) including the original invoice. No returns will be accepted on any part that has been installed, altered, or changed in any way. Returns must be in the original carton and in marketable condition or a 20% Re-Boxing charge will apply. No returns on non-stocking or special order parts. **Absolutely no credit for returns after 30 days from billing date.**

### Freight:

Orders will be shipped via FEDEX ground service, except orders 200 pounds or more, which will usually be shipped by truck. Freight is prepaid on orders of \$5,000.00 or more. Any refused orders will be charged a \$25.00 service charge plus all shipping costs in both directions.

### Minimum Order:

**\$ 50.00 net is the minimum amount of which orders can be billed.** 10+ unit pricing is for a single part number purchased on the same invoice and the same time. 10+ unit Backorders will be shipped when back in stock. If you cancel the backorder within 30 days you will be back charged at **WD pricing**.

## Required Buy-In Structures

<u>Level</u>	<u>Buy-In</u>	<u>Yearly</u>
<b>Jobber</b>	Resale	\$ 1,000
<b>WD</b>	\$2,500	\$ 5,000
<b>WD +10</b>	\$5,000	\$ 10,000

*By signing, I accept the terms of this agreement. In the Event legal action is necessary to enforce this contract, I agree to pay reasonable attorney fees and court costs.*

\_\_\_\_\_  
Company President / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sales Representative