



7075 North Noah Drive  
Saxonburg, PA 16056  
(724) 352-5400 ● (800) 443-6780  
Fax (724) 352-5450

## CREDIT APPLICATION

**INCOMPLETE APPLICATIONS WILL BE DENIED**

### OWNERSHIP

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ YEARS UNDER CURRENT OWNER: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS STRUCTURE: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ SALES TAX EXEMPT? \_\_\_\_\_ YES \_\_\_\_\_ NO

E-MAIL: \_\_\_\_\_ (PLEASE INCLUDE A COPY OF EXEMPTION CERTIFICATE)

### COMPANY PRINCIPALS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

### BANK REFERENCES:

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**TRADE REFERENCES (OPEN ACCOUNTS – CONSTRUCTION INDUSTRY ONLY):**

NAME OF SUPPLIER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

NAME OF SUPPLIER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

NAME OF SUPPLIER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

NAME OF SUPPLIER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**AUTHORIZATION**

PRODUCTIVITY PRODUCTS AND SERVICES, INC. IS HEREBY AUTHORIZED TO CONTACT ANY REFERENCE OR BANK LISTED FOR THE PURPOSE OF VERIFYING PAYMENT AND ACCOUNT HISTORY.

**PAYMENT**

PRIOR TO VERIFICATION OF THE ABOVE INFORMATION, TERMS OF SALE ARE C.O.D. FOLLOWING VERIFICATION AND GRANTING OF OPEN ACCOUNT STATUS, THE UNDERSIGNED AGREES TO ABIDE BY TERMS OF **NET 30 DAYS FROM DATE OF INVOICE**. ACCOUNTS NOT PAID WITHIN 30 DAYS OF BILLING DATE WILL BE CHARGED AN ADDITIONAL 1½% EACH MONTH ON UNPAID BALANCE. (ANNUAL PERCENTAGE RATE 18%) AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH TERMS STATED AND IN THE EVENT OF DEFAULT ACCOUNTS WILL PAY REASONABLE COLLECTION CHARGES AND/OR ATTORNEY FEES. IN ADDITION, ANY ITEMS LEFT AT PPS, INC AFTER 180 DAYS BECOME THE PROPERTY OF PPS, INC

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_