



Progressive Automated Distributing

CREDIT APPLICATION

ALL ORIGINALS MUST BE RETURNED BY MAIL

SALES REP NAME _____
TYPE OF ACCOUNT REQUESTED: OPEN: _____ COD: _____ CASH: _____ CREDIT CARD: _____
COMPANY NAME: _____ DBA: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ EAIL: _____
TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____ LOCATIONS: _____
DOES YOUR COMPANY REQUIRE A PURCHASE ORDER? YES _____ NO _____
INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE: _____
PHONE: _____ EXT: _____ FAX: _____
INDIVIDUAL (S) AUTHORIZED TO PLACE ORDERS: _____

BUSINESS TRADE REFERENCES: (PLEASE PROVIDE COMPLETE INFORMATION TO EXPEDITE PROCESSING)

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ PHONE: _____ FAX: _____
ACCOUNT #: _____ ACCOUNT #: _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ PHONE: _____ FAX: _____
ACCOUNT #: _____ ACCOUNT #: _____

BANK ACCOUNT INFORMATION:

BANK NAME: _____ BRANCH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
CONTACT: _____ AUTHORIZED SIGNERS: _____
BANK NAME: _____ BRANCH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
CONTACT: _____ AUTHORIZED SIGNERS: _____

BUSINESS INFORMATION: (PLEASE LIST ALL AFFILIATED BUSINESS OFFICERS)

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____

ZIP: _____

PHONE: _____ TITLE: _____ PHONE: _____ TITLE: _____

SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ DRIVERS LICENSE #: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____

ZIP: _____

PHONE: _____ TITLE: _____ PHONE: _____ TITLE: _____

SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ DRIVERS LICENSE #: _____

GUARANTOR(S) OF THE ACCOUNT WITH PROGRESSIVE AUTOMATED DISTRIBUTING AGREE BOTH INDIVIDUALLY AND ON BEHALF OF SAID BUSINESS TO THE TERMS AND CONDITIONS AS DISCLOSED BELOW FOR ALL INVOICES PURCHASED FROM PAD.

• ACCOUNT WILL REMAIN IN GOOD FINANCIAL STANDING AND PAID WITHIN AGREED TERMS SET FORTH BY PAD, UNLESS OTHERWISE SPECIFIED.

• BUYER ASSUMES FULL RESPONSIBILITY FOR ALL MATERIALS PURCHASED FROM PROGRESSIVE AUTOMATED DISTRIBUTING. BUYER AGREES TO BE PERSONALLY LIABLE FOR ALL CHARGES AND INDIVIDUALLY GUAARANTEES PAYMENT OF ALL CHARGES PROMPTLY.

• CHARGES BILLED, BUT NOT PAID BY THE DUE DATE OF EACH MONTH WITH A GRACE PERIOD OF 5 DAYS FROM THE DUE DATE WILL BE CONSIDERED DELINQUENT AND SUBJECT TO FINANCE CHARGES.

• THE FINANCE CHARGE FOR INDIVIDUALS IS COMPUTED BY A PERIODIC RATE OF 2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 24% APPLIED TO THE PREVIOUS UNPAID BALANCE.

• ACCOUNTS THAT ARE CONSIDERED UNCOLLECTABLE BY REASONABLE MEANS WILL BE SUBMITTED FOR COLLECTIONS. ANY COSTS INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE GUARANTOR.

• ANY ACCOUNT THAT SUBMITS A NON-SUFFICIENT FUNDS CHECK WILL BE SUBJECT TO A \$25 FEE PER INSTANCE. ALL FEES MUST BE PAID IN FULL UPON RECEIPT. IF FOR ANY REASON A CHECK IS UNCOLLECTABLE, THE ACCOUNT WILL BE PLACED ON HOLD UNTIL PAYMENT IS SATISFIED.

• PERSONAL GUARANTOR(S) MAY ONLY BE REMOVED FROM AN ACCOUNT WITH WRITTEN NOTICE. REMOVAL FROM AN ACCOUNT DOES NOT RELIEVE THE FINANCIAL OBLIGATION OF ANY UNPAID BALANCES PREVIOUS TO THE DATE OF REMOVAL. ONLY WHEN PREVIOUS BALANCES ARE SATISFIED WILL THE GUARANTOR BE COMPLETELY REMOVED.

• I GRANT PROGRESSIVE AUTOMATED DISTRIBUTING PERMISSION TO OBTAIN ANY INFORMATION REQUIRED TO ESTABLISH AND MAINTAIN THE BUSINESS ACCOUNT OR VERIFY THE INFORMATION PROVIDED. WITH MY SIGNATURE I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

SIGNED _____ PRINT _____ DATE: _____

Principal/Owner/Officer only



Please fill out & fax back to:
Progressive Automated Dist.
(616) 878-4500 FAX
(616) 878-3500

Credit Card Authorization Agreement

I, _____, of _____ authorize DDG Michigan / Progressive Automated Distributing to charge my credit card (listed below) for orders placed either verbally or in writing. I also authorize DDG Michigan / PAD to charge my credit card for past due balances over 60 days or any balances remaining for returned checks and their associated fees. This agreement must be signed & returned to DDG Michigan / Progressive Automated Distributing before we can process any credit card transactions.

Card type (circle one): Visa Master Card AMEX

Card #: _____

Expiration Date: _____ CVC #: _____ (3or4 digit security code)

CC Billing Address: _____

Name as Listed on Card

Signature of Cardholder

Date

Copy of Credit Card Here

Copy of Driver License Here



Progressive Automated Distributing

400 76th St. SW

Byron Center, MI 49315

PHONE: (616) 878-3500 FAX: (616) 878-4500

www.teamprogressive.com

Michigan Business Resale Tax Certificate

I certify that all purchases made from P.A.D. are for the sole purpose of resale within the state of Michigan. The Michigan Certificate of Resale that I am providing for purchases from P.A.D. is valid and active with the state.

Authorized Purchaser: _____ Title: _____

Business Name: _____

DBA (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax Number: _____ Resale Tax Number (8 digits): _____ - _____

Authorized Signature: _____

Printed Name: _____ Date: ____/____/____

Place Michigan Certificate of Resale Tax Here and Copy

OFFICE USE ONLY:

ASSIGNED ACCOUNT NUMBER: _____

DATE ASSIGNED: _____

AUTHORIZED BY: _____