

PC ANGEL SOLUTIONS LLC RESELLER CREDIT APPLICATION CA

PC ANGEL SOLUTIONS LLC
 1205 EAST ST. SE
 LACEY, WA 98503-2250
 866.537.5355 – 360.539.5865 –360.539.5870 FAX

Please complete all sections of this application. This application must be signed by a principal, partner or authorized officer.
FAX OR MAIL TO ATTENTION: ACCOUNTS RECEIVABLE

Please print or type the following information:

Company Name:	Phone:
Division of (aka, dba):	Fax:
Purchasing Contact:	E-mail Address:
Billing Address:	

City:	Province:	Postal Code:	Country: Canada
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		D&B Number:	

Names of Principals and Titles:

Accounts Payable Contact:	Phone:
Years In Business:	Requested Terms: <input type="checkbox"/> Credit Card <input type="checkbox"/> C.O.D. <input type="checkbox"/> Net Terms
We are requesting a credit amount of: \$	Sales or Use Tax Permit Number: (Include copy)
Do you currently use credit cards for company purchases? <input type="checkbox"/> Yes <input type="checkbox"/> No	PC Angel Solutions LLC accepts Visa, MasterCard and AMEX.

In order to use a credit card to purchase from PC Angel Solutions LLC, the following information must be provided:

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Account Number:		
CVV2 Number (3-4 digits located near signature line):	Expiration Date:		
Cardholder's Name:	Card Holder's Phone:		
Cardholder's Billing Address:			
City:	Province:	Postal Code:	Country:
Issuing Financial Institution:	Customer Service Phone (back of card):		

Annual Revenue:	<input type="checkbox"/> \$100,000 to \$500,000	<input type="checkbox"/> \$5,000,000 to \$10,000,000
<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$500,000 to \$1,000,000	<input type="checkbox"/> Over \$10,000,000
<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$1,000,000 to \$5,000,000	

BANK REFERENCES

*Please provide two references if available.

Primary			Secondary		
Bank Name:			Bank Name:		
Address:			Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone:	Fax:		Phone:	Fax:	
Account Numbers:			Account Numbers:		
Account Types:			Account Types:		
Contact:			Contact:		

TRADE REFERENCES

*Please list at least two companies with whom you have established credit and will release credit information.

Note: Ingram Micro and Tech Data will not release credit information.

1. Company Name:		Type of Business:			
Address:		City:	Province:	Postal Code:	
Phone:	Fax:	Terms:	Credit Limit:	Account Number:	
2. Company Name:		Type of Business:			
Address:		City:	Province:	Postal Code:	
Phone:	Fax:	Terms:	Credit Limit:	Account Number:	
3. Company Name:		Type of Business:			
Address:		City:	Province:	Postal Code:	
Phone:	Fax:	Terms:	Credit Limit:	Account Number:	

PC Angel Solutions LLC, and its agents, are hereby given permission to investigate the credit worthiness of applicant, including contacting applicant's references. Except for such purposes, this credit application will remain confidential. Applicant acknowledges that PC Angel Solutions LLC will rely upon statements and representations made herein, and that they were made for the purpose of establishing credit terms with our company. Terms prior to credit approval shall be Prepaid In Full unless otherwise stated. Upon credit approval, customer agrees to pay all invoices in accordance with credit terms extended. If payment is not received within credit terms expressed, customer shall be subject to finance charges of 1.5 percent per month on all past due invoices and reasonable legal and attorney fees incurred by PC Angel Solutions LLC to collect unpaid balances.

We (applicant) agree to the terms of this credit application and authorize the above trade and bank references to release credit information to PC Angel Solutions LLC

Authorized Signature	Printed Name	Title	Date
X			