

OFFICIAL DISTRIBUTOR

APPLICATION FOR BUSINESS CREDIT

OFFICE USE ONLY:
REP:
MGMT CO

CUSTOMER TYPE:

Office: (916) 899-5025

For the purpose of procuring and obtaining credit accommodations as they may be extended from time to time, Applicant(s) furnishes the following including any and all addenda. Applicant(s) warrants and represents said information truly and completely reflects its financial condition.

Please Type or Print Legibly (Incomplete or unreadable application my delay credit investigation)

Name of Firm:				
Name of Firm:				
Billing Address:		City:	State:	Zip:
Shipping Address		City:	State:	Zip:
County:	Phone: _	Fax: _		
Accounting Contact		E-Mail _		
Date business commen	ced:	Annual Sales: _		
Important: Attach most recent	financial statement if c	redit limit requested is \$5000 or n	nore, or if in business less than 2	yrs.
P.O.#'s Required?		Are you submitting	a resale certificate: Yes	No
Please Check One:	Sole Propri	etor Partnership	Corporation	
Please specify Has this firm o any other insolvency proceed	or any principals, themse ings? Yes or No (if yes	elves, or through association with , please attach letter with explana	another firm, ever been involved	in bankruptcy or
Names of Principals	<u>Address</u>	<u>City/State</u>	<u>Title</u>	
				nce with these
		We authorize you to contact the		nce with these
firms: (<u>Important! Fax numb</u>	ers and area codes w	ill accelerate application proces	esing)	
		ill accelerate application proces		nce with these
firms: (Important! Fax numb	ers and area codes w	ill accelerate application proces	esing)	
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firms: (Important! Fax numb	ers and area codes w	ill accelerate application proces	esing)	
firms: (Important! Fax numb	ers and area codes w	rill accelerate application proces	esing)	Account
firms: (Important! Fax numb	ers and area codes w	Phone E	esing)	Account



The above information is submitted for the purpose of obtaining credit from PRG Americas, LLC and is warranted to be true. Applicant signature attests to financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms.

(Initial here)

Terms of Payment: All invoices are due and payable Net 30 days.

A monthly late charge of 1.5% or the maximum allowed by law, whichever is greater; will be assessed on any outstanding balance.

All accounts not paid when due may be reported to credit reporting services; Applicant and Guarantor(s), in addition to the principal balance due, shall be liable for all costs of collection including but not limited to agency and attorney's fees and court costs. Should litigation be filed to enforce any of the agreements contained herein, I/we agree to jurisdiction and venue in **Placer County, California**. Applicant and Guarantor(s) further agrees to notify Seller in writing of any change in ownership and further agrees that all charges incurred will remain their responsibility unless agreed to by Seller in writing. Applicant/Guarantor authorizes seller to obtain a written non-business credit report to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) as needed in connection with the extension or continuation of the business credit represented by this application, and hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act(15 USC 1681 et seq).

Date:			
Individual Applicant/Guarantor:		S/S #:	
	(Sign Here in Ink Please)		(Required if in business less than 2 years)
Company Authorization:		Title:	
_	(Authorized Officer Sign Here in Ink Please)		<u> </u>

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Continuing Guaranty

The undersigned, being an Officer, director, stockholder or other authorized person or agent of the credit applicant, in consideration of the extension of credit and the sale and delivery by PRG Americas, LLC, or supplies, fixtures and other merchandise to the applicant, on such terms and conditions as PRG Americas, LLC, may from time to time extend to the applicant, does hereby guaranty (jointly and severally, if more than one) absolutely and unconditionally to PRG Americas, LLC the prompt payment of any and all amounts, monies or sums now due or which may hereafter become due as a result of the extension of credit or the sale of merchandise and material or upon any other indebtedness of applicant to PRG Americas, LLC, whether for merchandise or material, or other indebtedness, or as evidenced by any note, trade acceptance or open book account, without necessity of recourse first to applicant. The undersigned agrees to pay all costs of collection, including fees to any collection agency, court costs, expenses of collection, including reasonable attorney fees.

The undersigned hereby consent(s) to PRG Americas, LLC's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) PRG Americas, LLC to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Date			
GUARANTOR(S)			
Signature			
	Name (please print or type)	Social Security Number	
Signature			
	Name (please print or type)	Social Security Number	

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(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Internal	Revenue Service	▶ Go	o to www.irs.gov	//FormW9 for ins	structions and the la	test info	rma	tion.		"	senu	.0 111	em	10.
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
	PRG AMERICAS LLC													
	2 Business name/disregarded entity name, if different from above													
page 3.	rollowing seven boxes.						certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
e. ns on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC							estate	Exempt payee code (if any)					
typ	✓ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P							Р						
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not cl LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LL another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC is disregarded from the owner should check the appropriate box for the tax classification of its owner.						II C ic	Exemption from FATCA reporting code (if any)				ng		
eci	Other (see inst	tructions) ▶		(Applies to ac						s to accoun	accounts maintained outside the U.S.)			
S	5 Address (number,			ctions.		Reques	ster's	name a	nd add	dress (or	otional)			
	269 TECHNOLO		4											
	6 City, state, and ZI													
-	ROCKLIN, CA 9													
	7 List account numb	per(s) here (optional)												
Dord	Towns.													
Part	TOTAL CO.	er Identificati					T =							
backup	our Tilv in the app withholding, For	ropriate box. The individuals, this is	I IN provided mu generally your se	ist match the nam	ne given on line 1 to a liber (SSN). However,	void for a	So	cial secu	irity n	umber	7 -		_	
resider	nt alien, sole propri	ietor, or disregard	ed entity, see the	instructions for F	Part I later For other				_		_			
entities TIN, lat	s, it is your employ	er identification nu	umber (EIN). If yo	u do not have a n	umber, see How to g						J			
		more than one na	me see the instr	uctions for line 1	Also see What Name		or	ployer id	dontif	ication	numbo			1
Numbe	er To Give the Requ	uester for guidelin	es on whose nun	nber to enter.	Also see What Name	e ana	LIII	ployer ic	lentin	cation	Tumber		_	4
							4	5 -	1	6 7	7 6	6 6	0	
Part	Certific	ation												1
The second second second	penalties of perjury	The state of the s												
2. I am Servi	not subject to bac	kup withholding b subject to backup	pecause: (a) I am withholding as a	exempt from bac	er (or I am waiting for kup withholding, or (b to report all interest) I have r	not h	neen no	tified	by the	Intorna	al Rev	enue	e am
	a U.S. citizen or of			nd										
					t from FATCA reporti	na is corr	rect.							
Certific you hav acquisit other the	ation instructions. e failed to report all ion or abandonmen	You must cross o l interest and divident of secured prope	ut item 2 above if ends on your tax r erty, cancellation o	you have been no eturn. For real esta of debt. contributio	tified by the IRS that yeate transactions, item and the transactions and the transactions to an individual reting the transactions are the transactions are transactions.	ou are cur 2 does no rement ar	rrent ot app	ly subject ply. For	morto	gage inte	erest p	aid,	onto	
Sign Here	Signature of U.S. person ▶	Danie	elle U	alke	P	Date ▶	1	121	12	3				
General Instructions			• Form 1099-DIV (difunds)	ividends,	incli	uding th	ose f	rom sto	ocks o	r mut	ual			
Section references are to the Internal Revenue Code unless otherwise noted.			 Form 1099-MISC (various types of income, prizes, awards, or gross 											
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted			proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)											
after they were published, go to www.irs.gov/FormW9					Form 1099-S (proceeds from real estate transactions)									
Purp	ose of Form	1			• Form 1099-K (mer							sacti	ons)	
informat	An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		aver	• Form 1098 (home 1098-T (tuition)),	
identific	ation number (TIN)) which may be yo	our social security	number	Form 1099-C (canceled debt)									
(SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number					 Form 1099-A (acquisition or abandonment of secured property) 									
(EIN), to report on an information return the amount paid to you, or other					Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.									

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

later.

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)