

# Pro-Line Fasteners Inc.

<b>OFFICE USE ONLY</b>	
Order No.	_____
Amt of Order	_____

Date: \_\_\_\_\_

- NEW ACCOUNT INFORMATION** (This notice **MUST** be sent in with the first order from a new account to avoid any delays.)
- ESTABLISHED ACCOUNT CHANGE INFORMATION**

Area Manager name: \_\_\_\_\_ Personnel No. \_\_\_\_\_ Territory No. \_\_\_\_\_

Market Type \_\_\_\_\_ Credit Limit \_\_\_\_\_ Requested Credit Limit \_\_\_\_\_

"Bill to" Account No. \_\_\_\_\_ "Ship to" Account No. \_\_\_\_\_

**IMPORTANT! THE FOLLOWING INFORMATION IS REQUIRED:**

- Phone number
- Authorized buyer **MUST** sign all orders
- Contact Name and/or Authorized Buyer
- Address **MUST** be filled in to ensure delivery
- No shipments to P.O. boxes
- If the "Bill to" information is the same as the "Ship To", write in "same" in "Ship To Information"

**"BILL TO" INFORMATION:**

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Address

\_\_\_\_\_  
P.O. Box

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

( ) \_\_\_\_\_  
Phone No.

( ) \_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Financial Contact Name

Office from which payment will be made if different than "Bill To"  
(Central pay location)

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Address

\_\_\_\_\_  
P.O. Box

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

( ) \_\_\_\_\_  
Business Phone No.      \_\_\_\_\_  
Years in Business

**"SHIP TO" INFORMATION:**

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Address

\_\_\_\_\_  
P.O. Box

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

( ) \_\_\_\_\_  
Phone No.

( ) \_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Contact Name/Authorized Buyer

Headquarters if different than "Ship To" or "Bill To"

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Address

\_\_\_\_\_  
P.O. Box

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

( ) \_\_\_\_\_  
Business Phone No.      \_\_\_\_\_  
Years in Business

**LIST ANY CUSTOMER ORDER REQUIREMENTS IN SPACE BELOW:**

\_\_\_\_\_

\_\_\_\_\_

In order for account to be tax exempt, tax exemption certificate (Form 70101) must be completed, signed and attached.

## ACCOUNT CREDIT INFORMATION

**CREDIT INFORMATION** — Information below **MUST** be filled in completely in order to process initial order and set up the account. Credit terms are **NET 30 DAYS**.

### BANK REFERENCE:

Name of bank \_\_\_\_\_ Bank Contact Name \_\_\_\_\_  
Bank Branch \_\_\_\_\_ Account No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

### CREDIT REFERENCES — CURRENT SOURCES OF SUPPLY: No credit cards or personal references.

1. Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_  
2. Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_  
3. Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

### SOLE PROPRIETORSHIP INFORMATION:

Owner's Full Name \_\_\_\_\_  
Years in business \_\_\_\_\_ Business telephone no. (\_\_\_\_\_) \_\_\_\_\_  
S.S. No. \_\_\_\_\_  
(sole proprietorship only) Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years in Business \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

### CREDIT AUTHORIZATION:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CREDIT CARD INFORMATION: (OPTIONAL)

VISA  MASTER CARD

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Buyer \_\_\_\_\_