



3 EASY STEPS FOR NEW CUSTOMER SET UP

1. IN ORDER TO SET UP YOUR ACCOUNT PLEASE FILL IN YOUR COMPANY INFORMATION AT THE TOP & APPROVE THE CUSTOMER INFO PAGE.

2. IF YOU HAVE AN IMMEDIATE ORDER YOU MAY PAY WITH CREDIT CARD FILL OUT *CREDIT CARD AUTHORIZATION PAGE* & SIGN

3. TO OPEN A LINE OF CREDIT PLEASE FILL IN OR ATTACH TRADE REFERENCES AND SIGN THE *AUTHORIZATION FOR RELEASE FORM*.

There is a standard period of one-two weeks to process your open line of credit. It may take more or less time depending on how quickly the references are returned to us. Please note all trade references must include fax number or a full address.

Thank you for letting Permalatt Products, Inc. better serve you in all your lattice needs.

PERMALATT PRODUCTS, INC.
CUSTOMER INFORMATION

Company Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Ship to address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact's Email address _____

Yrs. In Business: _____ **Accounts Payable Contact:** _____ **Credit Requested \$** _____

Primary Officers: _____

Name	Address	City	State/Zip	Title
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Financial Institution: _____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Account Representative: _____ **Account Number:** _____

Trade References: Please include fax numbers to all references

Name	Address	City	State/Zip	Phone	Fax
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Name	Address	City	State/Zip	Phone	Fax
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Are you subject to Indiana Sales Tax? ___ Yes ___ No Indiana Exempt No: _____

STATEMENT:In consideration of credit being extended by Permalatt Products, Inc. of Bremen, IN to me/us/it, I and/or we certify the truthfulness and veracity of the statement appearing above, and I and/or we guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing, by us or either of us, or any other person, firm or corporation for our benefit. If credit is extended to a corporation in which we, or either of us, or I am an officer, or in which an interest exists I and/or we will personally faithfully guarantee the payment of all credit extended to corporation.

STATEMENT: Purchased and /or deliveries are herewith authorized to be made without signature.

NOTICE TO THE BUYER: DO NOT SIGN THE AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE AGREEMENT YOU SIGN. THE SELLER RETAINS A SECURITY INTEREST IN THE SUBJECT MATTERS OF THIS AGREEMENT. YOU MAY AT ANY TIME PAY THE FULL AMOUNT DUE.

AUTHORIZED SIGNATURE ATTEST TO APPLICANT'S FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES ACCORDING TO OUR TERMS. Upon Credit Approval, I understand that all invoices are due and payable in full within 30 days from invoice date. Any unpaid amount that becomes 30 days past due shall be subject to 1½ % service charge per month. In the event it becomes necessary to incur collection costs or institute a suit to collect the unpaid amounts due under this agreement or any portion thereof, the undersigned promises to pay such additional cost, charges, accrued service charges and reasonable attorney fees incurred in the collection of such amounts. This agreement shall be governed and construed under the laws of Indiana and shall be binding upon applicant/buyer and its/their successors and assigns.

I (we) certify that the information on the previous page is true and correct and that I (we) are authorized to act on behalf of the company.

Company: _____ **Owner/Officer Signature:** _____

Date: _____ **Owner/Officer Print:** _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

To whom it may concern:

In connection with our application for credit with Permalatt Products, Inc., we hereby authorize the release of such information as Permalatt Products, Inc. may require so as to facilitate their credit review.

Company: _____

Authorized Individual: _____

Title: _____

Date: _____

Signature: _____

Credit Card Authorization Form

Dear Valued Customer:

Please fill out this form and fax it back to (574)546-6388.

Thank you.

I authorize Permalatt Products, Inc. to charge my credit card as follows:

P.O. #: _____

Amount of order: \$ _____

Company Name: _____

Name of Card Holder: _____

Credit card #: _____

3 Digit Card Code: _____

Credit card mailing address: _____

Exp. Date: _____

Signature: _____