



**PACESETTER**  
OUR PEOPLE. YOUR ADVANTAGE

## APPLICATION FOR CREDIT AND AGREEMENT



Please complete, sign and fax the requested information to (678) 581-8834 or email to Credit@teampacesetter.com, even if you choose to include a preprinted credit form.

<b>PACESETTER LOCATIONS AND REMITTANCE INFORMATION</b>				
<b>Corporate Office</b> 1045 Big Shanty Road NW Kennesaw, GA 30144	<b>Atlanta Service Center</b> 1100 Shallowford Road Marietta, GA 30066	<b>Chicago Service Center</b> 22351 Joshua Drive Sauk Village, IL 60411	<b>Houston Service Center</b> 12247A FM529 Houston, TX 77041	<b>Remit-To</b> PO Box 100007 Kennesaw, GA 30156

<b>APPLICANT INFORMATION</b>			
Legal Name:		Doing Business As:	
Billing Address:		City:	
State:	Zip Code:	Phone:	Fax:
Date Established:	Federal Tax ID #:		D & B #:
Type of Business / SIC Code:		Website:	

<b>SHIP TO</b>			
Shipping Address:		City:	
State:	Zip Code:	Phone:	Fax:

<b>CONTACT INFORMATION</b>			
President:		Chief Financial Officer:	
Purchasing Agent:		PA Phone:	PA Email:
Accounts Payable:		AP Phone:	AP Email:
Quality Assurance:		QA Phone:	QA Email:

<b>TAX EXEMPTION STATUS</b>			
Tax Exempt:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	State Exemption #:

**If yes, appropriate documentation must be attached.**

If the appropriate documentation is not included or if the organization is not exempt, we are required by the Department of Revenue to charge sales tax.

<b>OWNERSHIP</b>			
Corporation: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Individual: <input type="checkbox"/>	LLC: <input type="checkbox"/>

Parent Company:	City:	State:	Contact:
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<b>BANK REFERENCE</b>			
Bank Supplier:	City:	State:	Contact:
Phone:	Fax:	Email:	

**SUPPLIER REFERENCES:** Please include references with exposure equivalent to the requested credit line

Steel Supplier:	City:	State:	Contact:
Phone:	Fax:	Email:	

Steel Supplier:	City:	State:	Contact:
Phone:	Fax:	Email:	

Steel Supplier:	City:	State:	Contact:
Phone:	Fax:	Email:	

**RELEASE OF INFORMATION and AGREEMENT TO CREDIT TERMS**

The undersigned certifies the above credit information is correct and authorizes the bank and supplier references to verify and provide the requested information to Pacesetter upon request. The undersigned acknowledges Pacesetter's credit terms are 0.5% 10, Net 30 days and agrees to pay within these terms. If any invoice exceeds these terms by 30 days, the undersigned acknowledges that Pacesetter retains the right to suspend shipments until the total balance past due is paid in full. Should legal action be required in connection with the collection of any amount due from the undersigned, the stated company agrees to pay all reasonable attorney's fees and/or collection expenses.

Print Name:	Date:
Signature:	Title:



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## BANKING REFERENCE



### PACESETTER CREDIT AREA CONTACTS

**Jake Otto**  
Corporate Credit Manager  
Phone: (678) 269-3415  
Fax: (678) 581-8834  
Email: JOtto@teampacesetter.com

**Dawne Knerr**  
Credit Assistant  
Phone: (678) 269-3407  
Fax: (678) 581-8834  
Email: DKnerr@teampacesetter.com

Company Name:	
Account Name:	
Bank Name:	
City:	State:
Phone:	Fax:
Checking Account #:	Savings Account #:
Line of Credit Account #:	Term Loan Account #:
Please accept this as authorization to release the following information to Pacesetter for the purpose of extending credit. This provided information will be kept confidential between the financial institution and Pacesetter.	
Print Name:	Date:
Signature:	Title:

To be completed by the financial institution and returned to Pacesetter via fax at (678) 581-8834 or email to Credit@teampacesetter.com. Please contact the Credit Area with any questions.

#### CHECKING / SAVINGS INFORMATION

Date Established:	Average Balance:
NSF Checks in the Last Year? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If so, how many:
Is it a Zero Balance or Sweep Account? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Relationship: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	

#### LINE OF CREDIT INFORMATION

Date Established:	Date of Next Review:
Amount of Line:	Current Availability:
Secured By:	In Compliance:
Any Covenants / Conditions:	

#### TERM LOAN INFORMATION

Date Established:	Maturity Date:
Original Amount:	Current Balance:
# of Payments:	Payment Amount:
Secured By:	



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## CUSTOMER INQUIRY FORM



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Phone: (678) 269-3407  
Fax: (678) 581-8834  
Email: DKnerr@teampacesetter.com

#### Company Name:

**SEND ORDER ACKNOWLEDGMENT TO:** Please choose Fax, Email, or EDI

Contact:	Phone:
<input type="checkbox"/> Fax Number:	
<input type="checkbox"/> Email Address:	
<input type="checkbox"/> EDI (Name and Phone for EDI Set-Up)	

**SEND INVOICE TO:** Please choose Fax, Email, or EDI

Contact:	Phone:
<input type="checkbox"/> Fax Number:	
<input type="checkbox"/> Email Address:	
<input type="checkbox"/> EDI (Name and Phone for EDI Set-Up)	

**ACCOUNT STATEMENTS:** If required, please choose Fax or Email

Are account statements required?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If so, please complete the following:
Contact:	Phone:		
Date Requested each Month:			
<input type="checkbox"/> Fax Number:			
<input type="checkbox"/> Email Address:			

**FINANCIAL STATEMENTS:** Please attach the last two years of Audited Financial Statements. If audited statements are not available, please complete the

Contact:	Phone:
Email Address:	Fax:

#### CONFIDENTIAL FINANCIAL INFORMATION

This will be used for credit extension information only and will not be furnished or divulged to any other firm or agency. As an alternative, please attach a current financial statement.

As of (Date) \_\_\_\_\_ for the \_\_\_\_\_ months ending.

#### INCOME STATEMENT DATA

Total Revenue:	Total Operating Expenses:
Cost of Sales:	Net Income:

#### BALANCE SHEET DATA

ASSETS	LIABILITIES & EQUITY
Cash:	Accounts Payable:
Accounts Receivable:	Other Current Liabilities:
Inventory:	Total Current Liabilities:
Total Current Assets:	Other Liabilities:
Non-Current Assets:	Total Liabilities:
Total Assets:	Total Equity: