



# APPLICATION PACKET



Dear Valued Customer:

Thank you for your interest in purchasing from Proline Distributors Inc.

The attached application must have all of the following requirements in order to be processed.

**Application must be SIGNED and completed if you wish to write a CHECK or have an OPEN ACCOUNT.**

- A CLEAR photocopy of your DRIVERS LICENSE.
- A CLEAR photocopy of your CONTRACTORS LICENSE or SWIMMING POOL LICENSE.
- A signed TAX EXEMPTION CARD if applicable.

Thank you for taking the time to make sure all of the above is completed.

Sincerely,

A/R Department



## Account Application

Date \_\_\_\_\_ Contractors License# \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Company Name \_\_\_\_\_ Fax# ( ) \_\_\_\_\_

Cell# ( ) \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### *Online Log-In Information*

**Proline Direct**

Order pool equipment whenever you want.

Email: \_\_\_\_\_

Password: \_\_\_\_\_

**Type of business** (check one) \_\_\_ Retail store \_\_\_ Service/Repair Co \_\_\_ Builder \_\_\_ other  
(check one) \_\_\_ Corp \_\_\_ Partnership \_\_\_ Proprietorship

**Do you claim sales tax exemption? Yes or No (if Yes, please submit signed certificate)**

In Business Since: \_\_\_\_\_ Ever declare bankruptcy? **Yes or No**

**Type of account preferred (check one)**

\_\_\_ C.O.D. \_\_\_ Open account – Amount requested \$ \_\_\_\_\_

**All applicants will be responsible for all returned checks**  
**Applicant authorizes Proline Distributors to run a credit check.**

**Company President/Owner's address & Social Security # must be shown on this application.**

Owner Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Home phone# ( ) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check one \_\_\_ own \_\_\_ rent Drivers License# \_\_\_\_\_

Co-owner Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Home phone# ( ) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check one \_\_\_ own \_\_\_ rent Drivers License# \_\_\_\_\_

**Trade References**

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

**Credit Limit** \_\_\_\_\_ **Credit Limit** \_\_\_\_\_

**TO PROCESS YOUR REQUEST FOR CREDIT PROLINE WILL REQUIRE**

- 1) PHOTO COPY OF YOUR DRIVERS LICENSE
- 2) PHOTO COPY OF YOUR OCCUPATIONAL LICENSE
- 3) SIGNED TAX CARD IF TAX EXEMPT

Your signature(s) below mean(s) that in consideration on Proline Distributors, Inc. extending credit to you. You agree to the following terms of this agreement.

- (A) Proline Distributors, Inc. will assign you a maximum line of credit and has the right to reduce or withdraw your credit privilege under this credit agreement at any time.
- (B) OUR STANDARD TERMS OF SALE ARE 1% 10, NET 20<sup>TH</sup> OF THE MONTH. PAST DUE ACCOUNTS ARE NOT ENTITLED TO ANY DISCOUNTS. ACCOUNTS NOT PAID BY THE 21<sup>ST</sup> WILL AUTOMATICALLY BE PUT ON HOLD ON THE 21<sup>ST</sup> OF THE MONTH. Should your account become past due, a partial payment on the past due amount of any C.O.D purchases will be added, which will be applied toward the oldest past due balance. Amounts not paid by the 20<sup>th</sup> of the month bear interest thereafter at 18% per annum and all cost of collection, including attorney's fees are the obligation of the customer. A charge of \$50.00 per check will be added for all NSF checks.
- (C) If you account becomes delinquent, all privileges may be cancelled. If Proline Distributors, Inc. requires outside agents to collect any default amount, that all reasonable collections, finance charges, attorney's fees and court costs will be your obligation as well as all principal amount due. The undersigned waives its right to a trial by jury.
- (D) The undersigned whether principal, surety, guarantor, endorser, or other part hereto, an in their individual capacities, agrees to be jointly and severally bound and hereby waive demand, protest and notice of demand, protest and non payment.
- (E) In consideration of extension of credit granted by Proline Distributors, Inc. I/we as individuals hereby jointly and severally unconditionally guaranty payment of whatever amount shall at anytime be owing to Proline Distributors, Inc. on account of goods hereafter delivered, whether said indebtedness be in the form of notes, bills, or open account. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals or extensions granted, without obtaining any consent thereto, and until expressly revoked by written notice from the undersigned as to any indebtedness contracted prior to such revocation. The undersigned as individuals additionally jointly and severally unconditionally guaranty payment of any interest due and all costs of collection, but not limited to court costs and attorney's fees. Notice of indebtedness and default in payment are hereby waived.
- (F) Any signature(s) on this credit agreement and my/our use of the account constitutes my/our consent to the terms and conditions of the account and the credit agreement. Everything I/we have stated in this application is correct and true to the best of my/our knowledge. You are authorized to obtain independent credit reports or credit reports on my/our personal credit history, to inquire about my/our credit experience on this application with my/our bank. I/we hereby acknowledge receipt of a copy of this credit agreement.
- (G) It is agreed that all invoices rendered to the undersigned, will be payable to Proline Distributors, Inc. at either the Boca Raton branch, Florida 33487 the West Palm Beach branch, Florida 33407, or the Davie branch Florida 33331 and that in the event of a default in payment, any suit for collection may be brought in Broward County, and/or Palm Beach County, Florida.
- (H) Any account placed in collection will be assessed an additional 18% collection fee to the delinquent balance. This will not be in the nature of a penalty but as liquidated damages to cover the extra administrative efforts by the company for delinquent accounts.

President/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
Individually, and if applicable, corporately

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
Individually, and if applicable, corporately

Print Owner Name \_\_\_\_\_ Print Co-Owner Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



**BANK VERIFICATION FORM**

Bank Name: \_\_\_\_\_ Account#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
\_\_\_\_\_

Dear Executive,

Your name has been given to us as a credit reference.

Please provide the following credit information regarding this account.

Your prompt reply is requested. **PLEASE FAX RESPONSE TO : 561-241-1851**

Sincerely,

Ann Belotti  
A/R Manager

I AUTHORIZE YOU TO RELEASE TO PROLINE DISTRIBUTORS THE  
INFORMATION THEY HAVE REQUESTED.

Customers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# of NSF Checks \_\_\_\_\_ Opened Date \_\_\_\_\_

Secured Loans \_\_\_\_\_ Unsecured \_\_\_\_\_

Account Rating \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

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



Dear Customer,

In order to alleviate unauthorized purchases on your account, please complete this form.

If at any time your company personnel changes, its imperative that you file a new form with the new employee names in order to keep your account information up to date.

Company Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**The following personnel are authorized to purchase on this account:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who do we notify if your account is past due or we are holding an order you have placed?

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



**PROLINE DISTRIBUTORS, INC.  
JOB SITE DELIVERY ACKNOWLEDGEMENT**

The undersigned customer of Proline Distributors, Inc. acknowledges as follows:

1. Proline Distributors, Inc. assumes no liability for missing merchandise after job site delivery is completed. The undersigned customer recognizes that when asking for a job site delivery, the customer or his authorized agent should be present to accept the merchandise. If the undersigned customer or his authorized agent is not present at the time of delivery, the merchandise will be left unattended without recourse.
2. Proline Distributors, Inc. may change these terms and conditions at any time.

Customer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_