

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

Thank you for your interest in purchasing from Proline Distributors. Please be sure to include all of the following documents to submit with your application to ensure timely processing.

- ☐ A **CLEAR** photocopy of your Driver's License
- ☐ A **CLEAR** photocopy of your Business / Occupational License
- ☐ A signed copy of your Tax Exemption Certificate (if applicable)

### Type of Account Requested

- ☐ (Complete page 1-3) C.O.D / Pay as you go
- ☐ (Complete all pages) Line of Credit

### Company Information

Company Name: \_\_\_\_\_ D.B.A (if applicable) \_\_\_\_\_

Owner Name: \_\_\_\_\_ Co-Owner Name: \_\_\_\_\_

Business / Occupational License #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing / Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In Business Since (year): \_\_\_\_\_ ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other \_\_\_\_\_

Do you claim sales tax exemption? ☐ Y ☐ N

### Company Profile

Business Type (Please check all that apply):

- ☐ Builder ☐ Retail
- ☐ Reno / Remodel ☐ Electrician
- ☐ Repair ☐ Other (Please specify) \_\_\_\_\_
- ☐ Plumber

☐ Service

Type of Pools Serviced:

- ☐ Commercial
- ☐ Residential

Number of Pools Serviced: \_\_\_\_\_

Service Area: \_\_\_\_\_

Do you require a PO for orders? ☐ Y ☐ N

Number of Employees: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_ Annual Purchases: \_\_\_\_\_

Brand Preference: ☐ Hayward ☐ Pentair ☐ Zodiac ☐ Other (Please specify) \_\_\_\_\_

Office hours: \_\_\_\_\_ Type of office: ☐ Staffed Office ☐ Home Office ☐ Warehouse ☐ Other

## Terms and Conditions of Sale

Our standard terms of sale are 1% 10, net 20th of the month. Any amount not paid by the 20th of the month will bear interest thereafter at 18% per annum and all costs 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.

### Prices

All prices, discounts and quotations are FOB Proline warehouse in Boca Raton, Riviera Beach and West Broward, FL. Prices are subject to change without prior notice.

### Ordering Information

When ordering special or custom merchandise, please supply us with sufficient information to properly place your order. Special orders are not returnable and require full payment before we place the order.

### Delivery

We offer free delivery to our customer's place of business within our delivery area with a minimum order of \$100.00. We offer free jobsite delivery within our delivery area with a minimum order of \$400.00. When special jobsite deliveries are warranted, Proline requires accurate directions and a signature upon receipt of merchandise. When asking for a jobsite delivery, the customer or its authorized agent must be present to accept the merchandise. In the event the customer or its agent is not present at time of delivery or a signature cannot be obtained, the merchandise will be left unattended, without recourse and PROLINE ASSUMES NO LIABILITY FOR MISSING MERCHANDISE.

### Returned Merchandise

Authorization from a Proline salesman or order department must be obtained before returning merchandise. The date of purchase and invoice number must accompany the returned goods and other required information as noted on the appropriate return authorization form. Obsolete, discontinued, special order, unsellable or out of current design merchandise is not subject to return. Credits or refunds will be issued based on the following criteria:

#### *Within 60 days of purchase*

If accompanied by proof of purchase and in new sellable condition, you will receive a full credit or refund, depending on original payment method.

#### *After 60 days from date of purchase*

If accompanied by proof of purchase and in new sellable condition, a 20% restocking fee will be assessed and applied to your credit or refund.

#### *Without proof of purchase*

Sellable merchandise returned for credit without proof of purchase is subject to a 30% restocking fee and will be applied to your account as credit.

#### *Out of original box / after 180 days from date of purchase*

Merchandise returned out of the original box or packaging or returned 180 days from date of purchase and in new sellable condition is subject to a 50% restocking fee and will be applied to your account as credit.

#### *Bagged goods merchandise*

Bagged merchandise such as Diamond Brite, sand, bi-carb, etc., must be in new sellable condition and returned within 5 business days from date of purchase.

#### *Special order merchandise*

Special order merchandise is NOT RETURNABLE and customers are required to pay 100% upfront before ordering.

### Limited warranty

All products sold by Proline Distributors, Inc. are covered by the manufacturer's warranty and are the sole responsibility of the manufacturer. There are no other warranties, expressed or implied, by Proline or its subsidiaries. All such warranties, including any implied warranty as to fitness for a particular purpose are hereby disclaimed. No dealer, agent or employee of Proline is authorized to make any promise, representation, guarantee or warranty other than what it stated herein.

Proline is not responsible for the cost of labor, transportation or other consequential charges, losses or damages incurred by the buyer. We will endeavor to work with our customers and manufacturers to facilitate handling of warranty problems, however, ultimate responsibility for resolving warranty problems rests solely with the manufacturer.

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Signature of Applicant

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Printed Name

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Date

# All Accounts Application

## Credit Card Authorization (C.O.D. Accounts Only)

Full payment is due at time of receipt. Keeping a card on file expedites your checkout.

\* Any credit card that is given to Proline is saved as an encrypted file and only the last four digits of the number are viewable.

Credit Card Account Number: \_\_\_\_\_

CVV Code (from back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

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

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

The above named client understands and agrees payment in full will be made when billed in accordance with the standard policy of the issuing bank and without any disputes or stop payments on the above credit card.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Authorized Purchasers

The following are authorized to make purchases on this account. If your personnel or ownership changes it is your responsibility to update the credit department to prevent unauthorized charges. If additional space is needed please use the last page of application.

Name: \_\_\_\_\_ Title / Position  
☐ Owner ☐ Manager ☐ Technician  
Email: \_\_\_\_\_ ☐ Accounting ☐ Purchasing

Name: \_\_\_\_\_ Title / Position  
☐ Owner ☐ Manager ☐ Technician  
Email: \_\_\_\_\_ ☐ Accounting ☐ Purchasing

Name: \_\_\_\_\_ Title / Position  
☐ Owner ☐ Manager ☐ Technician  
Email: \_\_\_\_\_ ☐ Accounting ☐ Purchasing

Name: \_\_\_\_\_ Title / Position  
☐ Owner ☐ Manager ☐ Technician  
Email: \_\_\_\_\_ ☐ Accounting ☐ Purchasing

# All Accounts Application

## Delivery Authorization

Proline Distributors, Inc. assumes no liability for missing merchandise after jobsite delivery is completed. The undersigned customer recognizes that when asking for a jobsite delivery, the customer or his authorized agent should be present to accept the merchandise. If the undersigned customer or his agent is not present at time of delivery, the merchandise will be left unattended without recourse.

Proline Distributors, Inc. may change these terms and conditions at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Statement Information

Proline billing cycle runs on the calendar month. Statements will be sent digitally to the email address you provide below.

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

Prefer a mailed statement? ☐ Y

## Web / App Information

ProZone offers the ability to access account information, place orders online or on the ProZone app. If you'd like us to activate your account once the application process is complete, fill out the login information below.

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

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

Download the ProZone!  
Available for iOS and Android.



Access the ProZone from our website at  
[www.prolinedist.com](http://www.prolinedist.com)



# Pro Zone



**C.O.D. applicants stop here. Line of credit applicants continue.**



# Line of Credit Application and Agreement

## Company Information

Company Name: \_\_\_\_\_ D.B.A (if applicable) \_\_\_\_\_

Owner Name: \_\_\_\_\_ Co-Owner Name: \_\_\_\_\_

Business / Occupational License #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing / Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In Business Since (year): \_\_\_\_\_ ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other \_\_\_\_\_

Do you claim sales tax exemption? ☐ Y ☐ N

## Owners Information

Owner Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own or rent? ☐ Own ☐ Rent Driver's License #: \_\_\_\_\_

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

Co-Owner Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own or rent? ☐ Own ☐ Rent Driver's License #: \_\_\_\_\_

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

## Trade References

Company Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorization to Release Information**

I authorize Proline Distributors to make any credit inquiries deemed necessary in connection with my business credit application. I authorize any person or consumer-reporting agency to furnish any information to Proline Distributors that it may have or obtain in response to such credit inquiries.

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Signature of Applicant

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Printed Name

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Date

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Signature of Applicant

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Printed Name

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Date**Agreement Terms and Personal Guaranty**

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 in addition to the above items.

- (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 and for any reason.
- (B) OUR STANDARD TERMS OF SALE ARE 1% 10, NET 20TH OF THE MONTH. PAST DUE ACCOUNTS ARE NOT ENTITLED TO ANY DISCOUNTS. ACCOUNTS NOT PAID BY THE 21ST WILL AUTOMATICALLY BE PUT ON HOLD ON THE 21ST 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 20th 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 your account becomes delinquent, all privileges may be cancelled. If Proline Distributors, Inc. requires outside agents to collect any default amount, all reasonable collection charges, 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 Company and undersigned, whether principal, surety, guarantor, endorser, or other party hereto, in their individual capacities and regardless of any other capacity that they may indicate below, agrees to be jointly and severally bound and liable with the Company 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. by the Company on account of goods hereafter purchased or delivered, whether said indebtedness be in the form of notes, bills, invoices, charges 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. The undersigned as individuals additionally jointly and severally unconditionally guaranty payment of any interest due and all costs of collection, including but not limited to court costs and attorney's fees. Notice of indebtedness, default in payment and demand 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, 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, Florida 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.

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Signature of Applicant

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Printed Name

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Date

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Signature of Applicant

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Printed Name

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Date

**Bank Verification Form**

I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
(Name) (Bank Name)  
release above information to Proline Distributors.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

**For Bank Use Only**

Your name has been given to Proline Distributors as a credit reference for \_\_\_\_\_.  
Please provide the following credit information regarding this account. (Name)

Please promptly fax your response to (561) 241-1851

Date Account Opened: \_\_\_\_\_

Account Rating: \_\_\_\_\_ # of NSF Checks: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Applicant Profile Sheet

## Internal Use Only

### Directions:

- (1) Review company profile answers from page 1 of application
- (2) Complete the questions below
- (3) Return to A/R within **3** business days

\*\*\* Accounts missing information WILL NOT be opened \*\*\*

Person you talked to: \_\_\_\_\_ Position: \_\_\_\_\_

Where did they hear about Proline? \_\_\_\_\_

What interested them in Proline? \_\_\_\_\_

What branch will they primarily buy from? ☐ Boca ☐ Riviera ☐ Weston

What brand and types of products do they buy? \_\_\_\_\_

Where do they currently shop? ☐ Horner ☐ FWP ☐ SCP ☐ Jetline ☐ MT ☐ Other: \_\_\_\_\_

Price level needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Manager needs to call? ☐ Y ☐ N Outside Salesrep needed? ☐ Y ☐ N

### Business Type (Please check all that apply):

☐ Builder

☐ Retail

☐ Service

☐ Reno / Remodel

☐ Electrician

Type of Pools Served:

☐ Repair

☐ Property Management

☐ Commercial

☐ Plumber

☐ Other (Please specify) \_\_\_\_\_

☐ Residential

Service Area: \_\_\_\_\_

Company size: ☐ Service Small (<100 pools)

☐ Builder Small (< 2 / month)

☐ Service Medium (250 - 300 pools)

☐ Builder Medium (3 - 5 / month or <35k)

☐ Service Large (400 - 700 pools)

☐ Builder Large (6 - 10 / month)

☐ Service Mega (800+ pools)

☐ Builder Mega (10+ / month )

### Notes:

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

### A/R Use Only

Date of Approval: \_\_\_\_\_ Terms: \_\_\_\_\_

Account Number: \_\_\_\_\_ Credit Line: \_\_\_\_\_

Comments:

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