



FOR OFFICE USE ONLY :
 PIC America, LTD Contact _____
 Sales Rep Group _____

PIC America, LTD
 8009 Purfoy Road
 Fuquay-Varina, NC 27526
 www.kingcanopy.com

Credit Application

Line of Credit Requested \$ _____ Date: _____

Business Name: _____ Phone: _____ Fax: _____
Area Code & Phone/ Fax Number

Address: _____
Street City State Zip Code

Billing Address: _____
Street City State Zip Code

Shipping Address: _____
Street City State Zip Code

Email Address: _____ Web Site Address: _____

D/B/A: _____ Located at Above Address for _____ Years

Former Business Address (If Applicable): _____

Type of Business: _____ Date Established: _____ How Long in Business: _____

Does State, County or City require a License? Yes: _____ No: _____ If Yes, License Number: _____

Please send a Copy of Business License with application.

Ownership: _____ Sole Owner _____ Partnership _____ Corporation

Principal: _____
Name Title Social Security Number Home Address

Principal: _____
Name Title Social Security Number Home Address

Principal: _____
Name Title Social Security Number Home Address

Principal: _____
Name Title Social Security Number Home Address

TRADE REFERENCES:

(Name suppliers of major products and services)

NAME

ADDRESS, PHONE & FAX

_____	_____
_____	_____
_____	_____
_____	_____

BANK REFERENCES: _____Checking_____Loan_____Savings

_____	_____	_____	_____
Company Name	Address	Account Number	Contact Name
_____	_____	_____	_____
Company Name	Address	Account Number	Contact Name
_____	_____	_____	_____
Company Name	Address	Account Number	Contact Name
_____	_____	_____	_____
Company Name	Address	Account Number	Contact Name

State Sales Tax Number: _____ **Federal Tax Id Number:** _____

Resale Tax Certificate: _____ **DUNS Number:** _____
(Please send a copy of Resale Tax Certificate)

Credit Card Number: _____ **Expiration Date:** _____

Please mark one: _____ Visa _____ Master Card _____ Discover _____ American Express

Number of Employees: _____ Estimate Annual Sales \$ _____ Sales Area: _____

Has the firm or any of its Principals ever been bankrupt? _____ Yes _____ No

If Yes, Explain: _____

Person to Contact about Account: _____
Name Title

By signing this application, I authorize PIC America, LTD or its agency to investigate my personal credit and financial records. As a part of the such investigation, I authorize PIC America, LTD to request and obtain consumer credit reports on me in connection with opening, monitoring, renewal and extension of this and other accounts with PIC America, LTD and the marketing of other products and services to me and my business by PIC America, LTD. I further authorize PIC America, LTD to share the information received form mu consumer credit report with PIC America, LTD's parent, subsidiaries and affiliates. If I request, you will tell me whether my consumer report was requested and if so the name and address of the consumer credit agency that furnished the report.

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

I also understand that if I do not meet the required \$5000.00 of product purchases in a 12 month period, I will be charged retail price on the previous order for that year to the credit card provided on the credit application or an alternate card, if this card is no longer active.

Name Title

Name Title

Name Title

Name Title

Personal Guarantee

By signing the application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of and make all payments to PIC America, LTD required by, the agreement of which this application is a part.

Name Date

Name Date

Signature

Signature

Please email back to you contact or to INFORMATION@KINGCANOPY.COM