

RETURN TO:



PSC DISTRIBUTION

72 COMMERCIAL DR. P.O. BOX 1270 IOWA CITY, IA 52246
Ph. 319-338-3601 Fax. 319-337-7937 www.pscia.com



NAME OF BUSINESS _____ DATE _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE# _____ CELL # _____ FAX # _____ EMAIL _____
TYPE OF OWNERSHIP: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ YEARS IN BUSINESS _____
PRINCIPAL OWNERS OR INDIVIDUALS

NAME	ADDRESS	CITY	STATE	ZIP
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NAME	ADDRESS	CITY	STATE	ZIP
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TAX EXEMPT NO _____ YES _____ (IF YES, PLEASE ASK FOR AND FILL OUT IOWA CERTIFICATE)

PERMIT # _____

TYPE OF BUSINESS:

_____ Retail Store, Plbg-Htg-Clg	_____ Apartment House Maintenance
_____ Contractor, Plbg-Htg-Clg	_____ Building Contractor
_____ Retail Store, Hardware-Appl-Elc	_____ Government Agency
_____ Industrial Account, Mfg-Etc.	_____ Other

TYPES OF MATERIALS REQUIRED _____

ESTIMATED MONTHLY PURCHASES _____

BANK REFERENCES:

NAME	ADDRESS	CITY	STATE	TELEPHONE
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NAME	ADDRESS	CITY	STATE	TELEPHONE
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TRADE REFERENCES:

NAME	ADDRESS	CITY	STATE	TELEPHONE
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NAME	ADDRESS	CITY	STATE	TELEPHONE
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NAME	ADDRESS	CITY	STATE	TELEPHONE
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I (WE) HEREBY GIVE MY (OUR) PERMISSION FOR THE BANK, WHOLESALE BUSINESS AND/OR LOAN COMPANIES, WHICH I (WE) DO OR HAVE DONE BUSINESS WITH, TO RELEASE TO PSC DISTRIBUTION INFORMATION REGARDING MY (OUR) ACCOUNT(S). I (WE) HEREBY PERSONALLY GUARANTEE TO PAY MONEY DUE ON MY (OUR) ACCOUNT(S) WITHIN TERMS ESTABLISHED. I (WE) PERSONALLY AND INDIVIDUALLY AGREE TO PAY LATE PAYMENT CHARGES AS ESTABLISHED FOR ANY SUCH NON-PAYMENT WITH THE TERMS.

ALL PAST DUE ACCOUNTS ARE SUBJECT TO A FINANCE CHARGE OF 1.5% PER MONTH OR MAXIMUM RATE ALLOWED BY LAW. THE UNDERSIGNED RESPONSIBLE PARTY PROMISES TO PAY FOR SERVICES IN ACCORDANCE WITH THE ABOVE TERMS. IF, AT ANY TIME, FOR ANY REASON, THE UNDERSIGNED IS UNABLE TO PAY FOR SERVICES WHEN DUE, THE UNDERSIGNED AGREES TO PAY AND AUTHORIZES PSC DISTRIBUTION TO BILL THEIR ACCOUNT FINANCE CHARGES AS DESCRIBED ABOVE. IN THE EVENT IT BECOMES NECESSARY FOR PSC DISTRIBUTION TO INCURE COLLECTION COSTS OR INSTITUTE SUIT TO COLLECT ANY AMOUNT DUE UNDER THIS AGREEMENT, THE UNDERSIGNED PROMISES TO BE RESPONSIBLE FOR CHARGES INCURRED, TO PAY ALL ADDITIONAL COSTS, CHARGES, COLLECTION FEES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, IF INCURRED FOR THE COLLECTION OR OTHERWISE AND SUBMITS TO JURISDICTION AND VENUE IN JOHNSON COUNTY, IOWA.

PLEASE SIGN BELOW

BUSINESS NAME

INDIVIDUAL

INDIVIDUAL

BELOW THIS LINE FOR PSC DISTRIBUTION USE ONLY

ACCEPTED ON OPEN ACCOUNT: _____
DATE CONDITIONS

REJECTED FOR AN OPEN ACCOUNT: _____
DATE REASONS