



Customer Information and Credit Application

MAXxFlex™ 111 Third Street Sharpsburg, PA 15215 ph. 412.408.3447 Fax 412.291.1843

Company Information	Section 1
Company Name (Full Legal Business Name)	
D.B.A. (if applicable)	
Business Type	
Years in business	
Business Organization	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>
Date business began or started	
Legal State of incorporation	
Federal Tax ID (SSN for Proprietor or Partnership)	
DUNS #	

Tax Information	Section 2
Are you a reseller	yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please provide resale certificate
Are you Tax Exempt	yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please provide Tax Exemption Document

Accounts Payable Information	Section 3
Accounts Payable Contact	
Accounts Payable Phone	
Accounts Payable FAX	
Accounts Payable Email	

Ship To Address	Section 4
Contact Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	
Loading dock available?	yes <input type="checkbox"/> no <input type="checkbox"/>
Fork lift/pallet jack available?	yes <input type="checkbox"/> no <input type="checkbox"/>
Receiving hours	
Back Order Options	Cancel B.O. Items <input type="checkbox"/> Ship B.O. items when available <input type="checkbox"/>

Bill To Address	Section 5
Contact Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	

Payment Options	Section 6
Please select the payment option that you prefer	credit card <input type="checkbox"/> net terms <input type="checkbox"/> cash / check <input type="checkbox"/>
If selecting "Net Terms" please complete sections 7 & 8. Approval for "Net Terms" is based upon credit references among other considerations. Credit references must be provided to qualify for "Net Terms".	

Credit References (attachments acceptable)	Section 7
Account #	
Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	

Account #	
Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	

Credit References (continued)	Section 7
Account #	
Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	

Account #	
Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	

Bank Reference (attachments acceptable)	Section 8
Account #	
Bank Name	
Contact Name	
Email Address	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Phone Number	
Fax Number	

Credit Card Information		Section 9
ONLY REQUIRED IF YOU INTEND TO PAY BY CREDIT CARD		
Card Type	MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/>	
Name as it appears on card		
Account #		
Expiry date		
CSV # (found on back of card)		
If the billing address for the credit card differs from the address provided in section 4, please complete below.		
Name as it appears on card		
Address 1		
Address 2		
City		
State/Province		
Zip Code		
Country		

Terms and Conditions	Section 10
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The information contained within this document is submitted for the purpose of obtaining credit. I certify that I am an authorized representative of the company listed on this application, and as such, I have the authority to enter into any agreement for purchase and financing with Paragon America LLC. I understand that Paragon America LLC will use the information that I have provided to investigate the creditworthiness of the applicant. I certify that all information is true and accurate and hereby authorize my bank and other creditors and references to release any credit or financial information to Paragon America LLC and/or its subsidiaries or assignees. I further understand that should this request for credit be declined, I have the right to request an explanation by writing to Credit Manager, Paragon America LLC, 111 Third Street, Sharpsburg, PA 15215.

For sole proprietorships and partnerships, the undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer creditor report on the undersigned by the above named business credit grantor, from time to time as may be required, in the credit evaluation process.

It is further agreed that the applicant shall pay all invoices from Paragon America LLC and/or its subsidiaries or assignees in accordance with stated terms, and interest will be assessed on delinquent invoices at the rate of 1% per month (18.5% A.P.R.) together with any related court costs, attorney fees and costs of collection that the seller may incur in enforcing the terms of this agreement. It is also agreed that this agreement will be governed by the laws of the State of Pennsylvania.

In consideration of extending credit at my request, the following Guarantor hereby personally guarantees the full and punctual payment of any obligation to the Grantor herein named.

(Officer's Signature)

(Date)

(Printed name of signatory above)

PLEASE NOTE: the credit application process may take 15 to 30 days to complete. If an order is placed within the processing period, please enclose a check for the amount of the merchandise (and freight when applicable).