



NET30 CREDIT APPLICATION PACKET

Return by Mail, Email or Fax To:

PACIFIC RADIO ELECTRONICS

3031 THORNTON AVENUE, BURBANK, CA 91504

EMAIL: ACCOUNTING@PACRAD.COM FAX: (818) 556-4185

Dear Valued Customer,

Thank you for your interest in opening a NET30 credit account with Pacific Radio Electronics.

This NET30 Credit Application Packet includes our application for NET30 payment terms, bank authorization form, and additional tax forms that may be applicable to your company's application.

Please indicate if your company requires a purchase order (written or verbal), and if not, then include the list of all authorized users.

All current orders are to be prepaid pending the approval of this application. Please note that Pacific Radio Electronics requires a minimum order of \$25.00 on all NET30 accounts.

When you have completed and signed the applicable forms, you may submit them by mail, email or fax to the information at the top of the page. Please do not hesitate to contact us if you have any questions.

Thank you for choosing Pacific Radio Electronics.
We look forward to a great working relationship with you.

Pacific Radio Electronics
Accounting Department
Phone: 818-556-4177
Fax: 818-556-4185
Email: accounting@pacrad.com



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BUSINESS CONTACT INFORMATION

Company name:

Owner/Officer:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Shipping address (if different from above):

City:

State:

ZIP Code:

Date business established:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

A/P Contact:

Phone:

Fax:

Email:

P.O. Required? (Yes or No):

Type of P.O. (Written or Verbal):

(If no written PO is required, please attach a list of authorized users)

Credit Limit Requested:

Taxable (California) or Non-Taxable (If non-taxable, attach hard copy of resale certificate:

Purchasing or Engineering Contacts:

Phone:

Fax:

Email:

Purchasing or Engineering Contacts:

Phone:

Fax:

Email:

Bank name:

Phone:

Fax:

Bank Acct. No.

(Please sign attached bank authorization)

BUSINESS/TRADE REFERENCES (THREE REFERENCES ARE REQUIRED)

Company name:

Phone:

Fax :

E-mail:

Company name:

Phone:

Fax:

Email:

Company name:

Phone:

Fax:

Email:

Company Name:

Phone:

Fax:

Email:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. All past due accounts are subject to a 1.5% interest fee after 30 days of non-payment.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Pacific Radio Exchange Inc. make inquiries into the banking and business/trade references that you have supplied.
4. All information stated above is true & correct and I agree to all the terms and conditions of sale and other policies as published from time to time by Pacific Radio Electronics.

AUTHORIZED SIGNATURE

Signature:
Name:

Title:
Date:



BANK AUTHORIZATION FORM

Return by Mail, Email or Fax To:

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Please release banking information to Pacific Radio Electronics for the completion of our Credit Application.

Authorized Signatory's Full Name: _____

Authorized Signature: _____

Company Name: _____

Date: _____



CALIFORNIA RESALE CERTIFICATE FORM

Return by Mail, Email or Fax To:

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PLEASE FILL OUT THE FORM BELOW
AND RETURN BY MAIL, EMAIL OR FAX

Firm Name _____

I Hereby Certify,

That I hold valid seller's permit number _____

Issued pursuant to the Sale and Use Tax Law; that I am engaged in the business of selling

that the tangible personal property described herein which I shall purchase from:

will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report any pay for the tax, measured by the purchase price of such property.

Description of property to be purchase: _____

Dated: _____ Signature: _____

At: _____ By and Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

California Resale Certificate



POST PRODUCTION BLANKET EXEMPTION CERTIFICATE

Return by Mail, Email or Fax To:
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 3031 THORNTON AVENUE, BURBANK, CA 91504
 EMAIL: ACCOUNTING@PACRAD.COM FAX: (818) 556-4185

PLEASE FILL OUT THE FORM BELOW AND RETURN BY MAIL, EMAIL OR FAX

Please Note: This is a partial exemption from sales and use tax at today's current rate. You are not relieved from your obligations for the local and district taxes on this transaction. This partial exemption also does not apply to any tax levied pursuant to section 6051.2 and 6201.2 of the Revenue and Taxation Code, or pursuant to section 35 of article XIII of the California Constitution. This exemption also applies to lease payments made on or after January 1, 1999, notwithstanding the fact that the lease agreement was entered into prior January 1, 1999. This certificate may *not* be used to purchase certain property such as furniture, inventory, meals, vehicles, equipment used to store products or real property.

Section 6378 Blanket Exemption Certificate

Seller's Name _____

Seller's Address (Street, City, State, Zip Code) _____

I hereby certify that I am a qualified person primarily engaged in teleproduction or other postproduction services as described in Regulation 1532 and that the property purchased or leased will be used primarily in teleproduction or other postproduction services or to maintain, repair, measure or test any such property. I understand that if such property is used outside the State of California or leased to a non qualified person in the aggregate for more than one half of the one year period following the date of purchase or lease, or if such property is converted for use in a manner not qualifying for the exemption, that I am required by the Revenue and Taxation Code to report and pay the state sales/us tax measured by the sales price of the property to/by me.

Print Name:	Title:	Company Name:
Signature:	Date:	Permit Number(if applicable)*:
Address:	City:	State, Zip: