

**PC REGISTERS GENERAL CREDIT TERMS APPLICATION**

**Business Information**

Business Name		DBA (Doing Business As)		
Business Physical Address		City	State	Zip Code
Business Billing Address (If different)	Dept. Name/Attn:	City	State	Zip Code
Business Phone Number ( )	Business Fax Number ( )	EIN Federal Tax ID #		
Billing Contact Name	Billing Contact Phone ( )	Parent Company Name		
Parent Company Address		City	State	Zip Code
Year Business Established	Number of Employees	Dunn & Bradstreet #	Credit Amount Requested	
Business Type (select one)				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Public School <input type="checkbox"/> LLC <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Private School				

**Bank References** (If credit requested is greater than \$20,000)

Bank Name		Checking Account Number		
Bank Contact Name		City	State	

**Personal Guaranty** (Required for all Sole Proprietorship, Partnerships, and all Corporations in business less than 3 years)

First Name	Middle Initial	Last Name		Date of Birth	
Home Address		Unit Number	City	State	Zip
Home Phone Number ( )		Social Security Number		Annual Income	
Signature				Date	
* I agree to be held personally responsible for this account					

**Trade References** (List companies you buy from on account)

Business Name	Contact Name	Telephone Number	Fax Number
Address		City, State, Zip Code, Country	

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**Trade References** (Continued)

Business Name	Contact Name	Telephone Number	Fax Number
Address		City, State, Zip Code, Country	

Business Name	Contact Name	Telephone Number	Fax Number
Address		City, State, Zip Code, Country	

Is written purchase order required?

Yes                      No

Was your firm previously part of another company? If yes, which company?

Yes                      No

**PC REGISTERS CREDIT TERMS SIGNATURE PAGE**

PC Registers is an affiliate of MGM Solutions, Inc.

I hereby authorize MGM Solutions, Inc. and its affiliates to collect credit information from the references listed above for the purpose of establishing an account with credit terms.

I understand that the above credit information provided is for the sole purpose of obtaining credit with MGM Solutions, Inc. Furthermore, I certify that the information given is correct and accurate as of the date of this application. I agree and unconditionally guarantee to be held liable for any and all indebtedness accrued under this continuing agreement. All accounts and monies due to MGM Solutions, Inc. shall be due and payable at your place of business. **The terms granted are Net 25 unless agreed upon in writing.**

In the event of default and referral to a Third Party Collection Agency or Attorney, I agree to pay all costs and fees of such services. Furthermore, I have read and agree to the MGM Solutions, Inc. conditions of sale. I further understand that failure to pay invoices within terms may result in all shipments requiring Cash In Advance, or a denial of future business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

**Fax completed Application to 1.360.676.2359**

**Questions? Please contact our sales team at 1.360.676.2384**

Please note that we require applications to be updated on a regular basis.