

# Primetek

27122A PASEO ESPADA , SUITE 901

SAN JUAN CAPISTRANO, CA 92675

(877)789-0809, Fax (949)240-9734

[www.eprimetek.com](http://www.eprimetek.com)

## DEALER APPLICATION

Company Name.....Phone(    ).....

Billing Address.....Fax(    ).....

City/State/ Zip.....

Ship to Address(if different from above).....

City/State/Zip.....

Business Type: Sole Ownership(  ) Partnership(  ) Corporation(  ) Date Established.....

Resale No.....Fed Tax I.D.....

Contractor License No.....

Web Address.....Email Address.....

Business Specialty: Retail(  ) Custom Home(  ) Commercial(  ) Security(  )

Insured/Bonded. Yes(  ) No(  ) Showroom: Yes(  ) No(  )

## PRINCIPAL

Name.....Title.....

Address.....Soc.Sec#.....

City/State/Zip.....

Phone(    ).....DriversLincense#.....State.....

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## New Account Bank Information

Kindly complete the Credit Check authorization from below. It is essential that we have this form in order to be able to accept Company Checks, Or establish an open account. Most Banks now require that this form be submitted to them by Mail before releasing information.

Please Return this form to:

### **Primetek**

27122A Paseo Espade, Ste 901

San Juan Capistrano, Ca 92675.

## AUTHORIZATION FOR BANK INQUIRY

For(Name of Your Company).....

I hereby authorize(Name of Bank).....

To reveal information to Primetek for the purpose of considering the establishment of trade credit.

Account Name.....Account No.....

Type of account.....Name of Bank.....

Bank Address.....Branch.....

City/State/Zip.....

Bank's Phone (     ).....Officer.....

Authorized Signature.....Date.....

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## ACCOUNT TERMS

Anticipated Annual Purchase: \$.....

Please check which terms You would like on Your account

..... C.O.D CASH    ..... C.O.D Company Check

..... MasterCard    ..... Visa. Name on Card.....Signature.....

CARD #.....Expiration Date.....

..... I am interested in establishing an open account. Terms are net20 days upon credit approved. First order C.O.D only. We must have 3 trade references with whom you have open accounts.

## Current Active Vendors.

Name.....Account#.....Phone(    ).....

Address.....Fax(    ).....

City/ State/ Zip.....

Name.....Account#.....Phone(    ).....

Address.....Fax(    ).....

City/State/Zip.....

Name.....Account.....Phone(    ).....

Address.....Fax(    ).....

City/State/Zip.....



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## California Resale Certificate

Name of Purchaser:

.....

Address of Purchaser:

.....

I Hereby Certify: That I hold Valid Seller's Permit No.

.....

Issued pursuant to the Sales & Use Tax Law; I am engaged in the Business of Selling:

.....

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

**Primetek**

San Juan Capistrano, California

Will be resold by me in the form tangible personal property; Provided, However, That in the event of 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 State and use Tax Law to report and pay Tax, measured by the purchase price of such property or other authorized Amount. Description of property being purchased: Electronics

Date:

.....

Signature of Purchaser or Authorized Agent

Title.....