



Innovative Networking for Business

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Preferred IT Group, LLC offers extended credit terms to established businesses. Non-profit organizations that seek tax exemption need to provide their tax id numbers and copies of their 503c forms.

Preferred IT Group, LLC will consider establishing credit terms for business accounts that apply for credit terms. Verifying trade references can take up to three weeks, however temporary terms will be applied to accounts with properly filled out applications. Applications submitted without required fields will be denied and all receivables shall be considered due immediately.

Business accounts that fail to follow terms will lose credit term privileges and will have all technical support options suspended until resolved. Failed accounts must be re-approved by the management for re-instatement of privileges. Preferred IT Group, LLC reserves the right to extend credit solely to businesses that prove credit worthiness.

*Initial indicates that applicant understands above _____**

-----CREDIT APPLICATION-----

Legal name of company*: _____

Doing Business as: _____

Federal ID# (EIN)*: _____ or Social Security #*: _____

Dun & Bradstreet #: _____ Years in Business*: _____

Shipping Address*: _____

City _____ State _____ Zip Code _____

Billing Address*: _____

City _____ State _____ Zip Code _____

Business Phone*: _____ Fax: _____

Contact Email Address: _____

Contact for IT Matters: _____

Contact for Billing Matters: _____

Tax Exempt Number: _____ (Attach copy of certificate)

Terms requested:

Net 15 _____ Net 20 _____ Net 30 _____ Tax Exempt Status _____

Names of Principals*

President: _____ Treasure: _____

VP: _____ Controller: _____

**For LLC, Partnerships, ect, substitute proper titles please.*

Bank References:

Name of Bank: _____ Branch: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____ Contact: _____

Checking Account Number: _____ Fax: _____

Trade References:

Name: _____

Account #: _____ Phone #: _____

Email: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Type of Account: _____

Name: _____

Account #: _____ Phone #: _____

Email: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Type of Account: _____

Name: _____

Account #: _____ Phone #: _____

Email: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Type of Account: _____

Acknowledgement of credit agreement and terms

- (1) I understand that this initial credit application is for the sole use of Preferred IT Group, LLC; all information supplied will be kept confidential.
- (2) Be affixing their signatures below, the undersigned (or if a Corporation, the corporate officer/agent) agrees that if a credit line is granted, we will abide by the credit terms extended by Preferred IT Group, LLC and understand that Preferred IT Group, LLC reserves the right to charge our account with a finance charge at 1.5% monthly (18% annually) on invoices not paid within terms with late fees of \$15 charged monthly on accounts. Standard terms are Net 15 from date of invoice unless approved for higher terms. If any outstanding balance is not paid within terms and Preferred IT Group, LLC uses a collection agency or an attorney to collect the amounts dues; we agree to pay all reasonable collection expenses, including attorney's fees.

Authorized Signature*: _____

Authorized Title*: _____

- (3) Applicant(s) (Purchaser) hereby acknowledges that they have read and agree to the terms and conditions of the Seller's (Preferred IT Group, LLC) credit application and certify that information given is true and correct and is furnished for the sole purpose of enabling the Seller to extend credit to the undersigned. Applicant(s) hereby authorizes Seller to investigate Applicant's credit record, both initially and then as needed to update customer credit file.

Authorized Signature*: _____ Title*: _____

Printed*: _____ Date*: _____

Company Name*: _____

- (4) Governing Law - This agreement shall be governed by the laws of the State of Indiana including the Uniform Commercial Code as codified by the State of Indiana and the parties hereby consent to the jurisdiction in the Courts of the State of Indiana.

**Required Fields*