



Non-US Customer Application for Credit

748 Epperson Drive, City of Industry, CA 91748 Tel:626.965.8686 Fax: 626.965.8797

Name of Company	Credit Line Requested	Date
Phone #	Business Establish Since	

Company Web-site

Billing Address		Shipping Address	
Street		Street	
City	County	City	County
State	Zip	State	Zip
Business Type	Do you Own or Rent this location	___ CORPORATION ___ PARTNERSHIP	Phont #

Full Name of Officers, Owners, or Partners			
Name	Office Phone #	Mobile Phone #	Email
1			
2			

Full Name of Buyer / Purchasing			
Name	Office Phone #	Mobile Phone #	Email
1			
2			

Full Name of Accounts Payable			
Name	Office Phone #	Mobile Phone #	Email
1			
2			

IF OPERATING AS CORPORATION, Date of Incorporation:		State of Incorporation:	
Are you list with Dun & Bradstreet?	DUNS #	Sic Code.	Are you use purchase orders? ___ yes ___ no

***** Non-US based Customer *****
Copy of Business License, Owner's Photo ID or Passport Require to Open Account

Payment Policy
 PLPC only accept check, ACH or wire transfer for payment, all payments MUST originate from purchaser's bank account,we will not accept any 3rd party payment, this includes cash, check, counter deposit, ACH or wire transfer for payment.

Documents Require to Open Account
 A Completed & Signed Credit Application, Bank Reference & 4 Valid Trade References
 Completed & Signed Bank Reference Release Form (Required)
 A Completed Reseller Certificate & Copy of Resales Permit and Business Registration Certificate are required for customers located within US.
 Copy of Business License, Owner's Photo ID or Passport (Non-US Customer)

Require financial Information
 Complete Financial Statement (Previous Year)
 Profit & Loss Statement AND Income Statement (Current Year)

All transactions are be governed and construed in accordance with the laws of the state of California. Purchaser agrees that competent courts in the state of California shall have the exclusive jurisdiction over any legal action with respect to this contract. In the event of any dispute related to this contact, the prevailing party shall be entitled to reasonable attorneys' fee and costs. If purchaser fails to pay the full amount of the invoice herein within the agreed term, the unpaid amount of such invoice shall accrue interest rate of 1.5% per month. Additionally, purchaser agrees to pay all of seller cost of collection, including reasonable attorney fees.

By my signature, I acknowledge that I have read, understand, and agree to the policies and agree to PLPC's Terms and Conditions & Warranty Policy from PLPC website which PLPC reserve the rights to change from time to time.

SIGNATURE **NAME & TITLE (PLEASE PRINT)**



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4 BUSINESS REFERENCES

Name	Acct. #	Name	Acct. #
Address		Address	
City	State Zip	City	State Zip
Phone	Contact Name	Phone	Contact Name
Fax	Email	Fax	Email
Term:	Credit Limit:	Term:	Credit Limit:

Name	Acct. #	Name	Acct. #
Address		Address	
City	State Zip	City	State Zip
Phone	Contact Name	Phone	Contact Name
Fax	Email	Fax	Email
Term:	Credit Limit:	Term:	Credit Limit:

BANK REFERENCE

Bank Name	Account No.
Address	Contact Name
City State Zip	Contact Title:
Account Type:	Tel: Email:

INCOMPLETE INFORMATION COULD RESULT IN DELAY IN PROCESSING THE ACCOUNT



BANK REFERENCE RELEASE FORM

****Customer: Please complete the upper portion with authorized signature and return with your credit application****

Bank Name _____	Phone Number (Bank) _____
Bank Address: Street _____	Fax Number (Bank) _____
City, State, Zip Code _____	Contact Name _____
Bank Account No. _____	Email Address _____
Customer Name _____	Street Address _____
Phone Number _____	City, State, Zip Code _____

Private Label PC is considering/reviewing the extension of credit. By signing below, we, as Customer, hereby request and authorize the completion of this form by the Bank. The completed form should be returned directly to Private Label PC.

_____ ****Customer Authorized Signature****

To Be Completed by the Bank

DEPOSIT ACCOUNTS

Type Of Account (Checking, Savings, Other)	Date Opened	Average Balance (Past 12 Months)	Current Balance	Non-Sufficient Fund (NSF) Activity (Yes/No) If Yes, How Often In The Past 12 Months

CREDIT/LOAN ACCOUNTS

Type Of Account (Operating Line Of Credit, Term Loan, Other)	Date Opened	Maturity/ Renewal Date	Original Loan Amount Or	Current Outstanding Balance	Payment Frequency & Amount

Have the above accounts been handled as agreed? Yes No If no, please explain:

What is your opinion of the contractor's character, ability and financial responsibility?

_____ ****Bank Contact Signature****

_____ Name & Title:

_____ Date: