



ACCOUNT APPLICATION

Parr Public Safety Equipment
 Corporate Office:
 8495 Estates Ct.
 Plain City, OH 43064

Toll Free Nationwide: 866-320-7277 (PARR)
 Fax 614-873-7205
 www.parrpse.com
 info@parrpse.com

Application must be completed and signed, with order attached, to initiate processing. If you are exempt from sales/use tax you must provide us a copy of your exemption certificate.

Bill To:		
Name		
Address: (P.O. Box)		
City		
County	State	Zip

Ship To:		
Name		
Street Address:		
City		
County	State	Zip

Telephone Number w/Area Code:	Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number w/Area Code:	E mail
The following persons are authorized to purchase from this account:	
1. Name and Phone	Title:
2. Name and Phone	Title:

REFERENCES: (BANK)			
Bank		Bank Contact Name	
Address	City	State	Zip
Phone	Fax	Account # (Required)	
AUTHORIZATION TO RELEASE BANK INFORMATION This is my authorization to the Bank to release information to Parr Public Safety Equipment, for the purpose of evaluating our application for credit. Authorized Bank Signature X _____			

REFERENCES (MAJOR SUPPLIERS)			
1. Name	Account	Phone	Fax
Address	City	State	Zip
2. Name	Account	Phone	Fax
Address	City	State	Zip
3. Name	Account	Phone	Fax
Address	City	State	Zip

Credit Card Information			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Credit Card Number:			
Name: (as it appears on card)			
Expiration Date:			
Card Holder's Phone Number:			
Card Holder's Fax Number:			
Card Holder's Billing Zip Code:			
Card Holder's Signature: X _____			

METHOD OF PAYMENT:
<input type="radio"/> Net 30 days on approved credit.
<input type="radio"/> Approved Credit Card
<input type="radio"/> Money Order (No personal checks)
CREDIT TERMS: Government agencies and municipalities may purchase on open account. All others may apply for open account status by completing the Account Application. Pricing and product availability subject to change without notice. NET 30 DAYS FROM SHIPPING DATE FOR APPROVED ACCOUNTS ONLY. (Includes Partial Shipments) All Original Invoices: Shipped F.O.B. Origin

This information is warranted to be true and is given for the purpose of obtaining credit from Parr Public Safety Equipment. I (we) agree to pay all bills for purchases net 30 days from the date of invoice. When/If credit terms are established I/we agree to pay for my/our purchases according to your terms payable from the invoice date. If the account becomes delinquent, I/we agree to pay the delinquent service charge of 2% per month (24% APR), and any collection, court expenses, and/or attorney fees deemed necessary by Parr Public Safety Equipment to collect the debt. In consideration of credit being extended to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation or other entity, I (we) personally guarantee payment in full.

Signature **X** _____

Please Print Name & Title	
Name:	
Title:	Date

Mail completed form to:
 Parr Public Safety Equipment

Corporate Office:
 8495 Estates Ct.
 Plain City, OH 43064
 Or fax to 614-873-7205