

Prepay Account Application

FAX COVER SHEET

To: PARsource

Pages: _____

Attn: New Accounts

Fax: 877.262.6050

Email: sales@parsource.com

Company Name: _____

The following documents are required for the application process:

- Completed and signed PARsource Prepay Account Application
- Completed and signed Credit Card Authorization Form
- Copy of State Issued Resale License/Seller's Permit (if applicable)
- Completed Blanket Resale Certificate (if applicable)
- Copy of Business License (if applicable)

Thank you for your interest in becoming a PARsource customer, we look forward to being part of your success!

Prepay Account Application

COMPANY INFORMATION

Company Name:	Date Business Started:
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Bill To Information

Address:		
City:	State:	Zip Code:
Contact Name:	Title:	
Phone:	Email:	

Ship To Information

Address:		
City:	State:	Zip Code:
Contact Name:	Title:	
Phone:	Email:	

Business Classification (please select one)

Please attach resale or business license.

- ☐ Corporation ☐ Partnership ☐ Sole Proprietorship/S Corp ☐ Manufacturer
☐ Contractor ☐ Electrician ☐ Grower ☐ Retailer

Accounts Payable

Contact Name:	Email:
Phone:	Fax:

Placing Orders (optional)

Please provide a list of personnel authorized to place orders for your company.

Contact Name:	Title:
Phone:	Email:

Contact Name:	Title:
Phone:	Email:

By signing this prepay account application, the undersigned agrees as follows:

- He/She is authorized to sign this account agreement and all information given is accurate and correct.
- He/She agrees to notify PARsource immediately of any change in ownership or corporate structure.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

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CREDIT CARD AUTHORIZATION FORM

By signing below, I (we) hereby authorize **PARsource** to initiate credit or debit entries to my (our) credit card by debiting or crediting the account indicated below, herein after called **DEPOSITORY**, and to debit or credit the same such account. I (we) agree to pay within our established credit terms with **PARsource** for all goods ordered from **PARsource**. I (we) acknowledge that the origination of credit card transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force until **PARsource** has received written notification from me (or my designate) of its termination in such a time as to afford **PARsource** and **DEPOSITORY** reasonable opportunity to act.

Customer Number: 32- _____

Company Name: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Credit Card Type (please check one)

☐ Visa ☐ Mastercard ☐ Discover

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Submit Credit Card Authorization Form to:

PARsource Lighting Solutions
2249 S. McDowell Ext.
Petaluma, CA 94954
Email: sales@parsource.com
Phone: 855.727.5483
Fax: 877.262.6050