



Professional Electronic Distributing, Inc.
4233-A Lafayette Road, Indianapolis, IN 46254
Phone (317) 298-7960 Fax (317) 293-8393

Credit Application

Date ___/___/___

Registered Legal Company Name _____

DBA (if any) _____

Business Address _____

Contact Person _____ Phone () _____ Fax () _____

Corporation () Partnership () Sole Proprietorship () LLC () LLP ()

Do you: Own () Rent/Lease () the store premises?

STATE OF INCORPORATION: _____ (PROVIDE COPY OF ARTICLES OF INCORPORATION)

Federal Tax I.D. No. _____ State Tax I.D. No. _____ Business began ___/___/___

Owners, Partners, Shareholders

(provide this information for all persons who have an ownership interest in applicant):

Name: _____ Title (if any) _____

Home Address _____

Phone () _____ E-Mail _____

Social Security Number _____ - _____ - _____ Percentage Ownership _____%

Name: _____ Title (if any) _____

Home Address _____

Phone () _____ E-Mail _____

Social Security Number _____ - _____ - _____ Percentage Ownership _____%

Applicant is submitting this Credit Application in connection with Applicant's intended distribution and sale of certain products and accessories distributed by Professional Electronic Distributing, Inc (PED). Applicant understands and acknowledges that all terms and conditions pertaining to Applicant's purchase of such products and accessories from PED shall be governed by an Authorized Retail Dealer Agreement to be executed between Applicant and PED and/or those terms and conditions which may be established by PED from time to time in connection with retail dealer purchases, together with any other agreements which may be executed between Applicant and either PED or its designated agents or representatives.

Applicant agrees that PED may verify any of the information contained herein, including, without limitation, checking credit references or obtaining credit reports with regard to Applicant or any of Applicant's principals listed herein. PED may, at its sole and absolute discretion, reject or deny this Credit Application for any reason whatsoever. Should PED approve this Credit Application, PED shall determine the terms and credit limit to be extended to Applicant, which terms and credit limit may be changed or modified from time to time by PED in its sole and absolute discretion.

I hereby certify that all the information contained herein is true and correct.

Authorized Signature

Date

Credit References

Professional Electronic Distributing, Inc.

Dealer Name: _____ Phone No. () _____

Address: _____

Reference #1

Reference Company Name: _____ Phone No. () _____

Address: _____

Contact Person: _____ Account No. _____

[For Office Use Only]

Date Account Opened: ____/____/____ Credit Terms: _____

Credit Limit: _____ Amount Now Due: _____ Amount Past Due: _____

Person: _____ Account No. _____

Reference #2

Reference Company Name: _____ Phone No. () _____

Address: _____

Contact Person: _____ Account No. _____

[For Office Use Only]

Date Account Opened: ____/____/____ Credit Terms: _____

Credit Limit: _____ Amount Now Due: _____ Amount Past Due: _____

Person: _____ Account No. _____

Reference #3

Reference Company Name: _____ Phone No. () _____

Address: _____

Contact Person: _____ Account No. _____

[For Office Use Only]

Date Account Opened: ____/____/____ Credit Terms: _____

Credit Limit: _____ Amount Now Due: _____ Amount Past Due: _____

Person: _____ Account No. _____

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Applicant's Business Name: _____

Applicant's Address: _____

Name of Primary Bank: _____ Phone () _____

Account No: _____ Checking () Savings () Fax () _____

Contact Name: _____ Title: _____

Dear Banking Representative:

Professional Electronic Distributing, Inc. would like to obtain a reference for the applicant listed above. Please process this request at your earliest convenience in order for us to make a decision for our mutual customer's request.

Lars Ankersen, President

Please accept this as authorization to verify and/or release the information requested by PED, Inc.

Checking

Account No: _____
Date Account Opened: _____
Average Balance: _____
Joint Account: _____
NSF History: Number of Items: _____

Savings

Account No: _____
Date Account Opened: _____
Average Balance: _____
Joint Account: _____
NSF History: Number of Items: _____

Loans/Commercial Paper

Account No: _____
Date Account Opened: _____
Average Balance: _____
Type/Terms: _____
Pay Record: _____
Secured? Y/N: _____

Real Estate Loans

Account No: _____
Date Account Opened: _____
Average Balance: _____
Type/Terms: _____
Pay Record: _____
Unsecured? Y/N: _____

Applicant authorization signature

Title

Date