

PALECEK®

601 PARR BOULEVARD | RICHMOND | CALIFORNIA | 94801
Tel 510.236.7730 or 800.274.7730 | Fax 510.236.0561

TERMS AGREEMENT

This Agreement must be on file even if Pre-Pay Terms are being requested.

Company Legal Name _____	DBA (if applicable) _____
Billing Address: _____	
City _____	State _____ Zip Code _____
Email _____	
Phone _____	Fax _____
A/P Contact: _____	Phone _____
Owner(s) _____	Phone _____
Address: _____	

Federal ID/EIN: _____	Terms Requested: Pre-Pay Net 30	Requested Credit Limit _____
Business Type: Corp Partnership Sole Proprietor	Years in Business: _____	Annual Volume: _____
Bank Name _____	Account # _____	
Address: _____		
Contact Name _____	Phone _____	

TRADE REFERENCES: Please list complete name, address and telephone & fax numbers below

Reference: _____
Reference: _____
Reference: _____

The undersigned certifies that the above information is true and correct. The undersigned authorizes PALECEK to make inquiries into, and to receive, any information concerning financial and credit condition, character, and general reputation that PALECEK deems relevant for the purpose of granting credit. The undersigned hereby authorizes the bank and above trade references to release the requested information. Should it become necessary for PALECEK to resort to a collection agency, I agree to pay all costs and attorney fees. The undersigned acknowledges that the PALECEK Terms & Conditions have been read, understood, and accepted.

SIGNER BELOW MUST BE AN AUTHORIZED OFFICER, OWNER, or PARTNER OF THE COMPANY.

Authorized Officer, Owner or Partner Signature

Date

Print Name/ Title

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PAYMENT METHOD

Please Send Check to PALECEK 601, Parr Blvd. Richmond, CA 94801

ACH/WIRE INSTRUCTIONS

To expedite processing, email CreditDept@Palecek.com, (type PAYMENT INFO in the subject line) to advise what sales order numbers are being paid.

U.S.

Bank of Marin
180 Grand Ave, Ste 1545
Oakland CA, 94612
Account Name PALECEK
ABA# 121141877
Account # 21302666
Special Instructions Customer Name/Acct #/Invoices being paid

International

Account Name PALECEK
ABA# 121141877
Account # 21302666
Swift Code MRRNUS66
Special Instructions Customer Name/Acct #/Invoices being paid

CREDIT CARD OPTION FOR RESIDENTIAL ORDER

To expedite processing, email CreditDept@Palecek.com, (type PAYMENT INFO in the subject line) to advise what sales order numbers are being paid.

PALECEK Customer # _____

Business Name _____

Name on Credit Card _____

Street Address for Credit Card _____

City _____ State _____ Billing Zip Code _____

Credit Card Type: VISA MASTER AMEX

Credit Card No. _____ Expiration Date _____

Authorization Signature _____ Print Name _____

PLEASE CHECK BOX IF YOU WOULD LIKE TO KEEP CREDIT CARD ON FILE FOR FUTURE ORDERS.

NOTE: Credit cards are not accepted as payment for invoices with terms

Please sign completed form and email to: PALECEK CREDIT DEPARTMENT, CreditDept@palecek.com