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# CREDIT ACCOUNT APPLICATION

Company Name _____	DBA _____
Billing Address _____	Shipping Address _____
_____	_____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
A/P Contact Name _____	Fax Number _____
A/P Phone Number _____	Email Address _____
Years In Business _____ Federal ID# _____	No. of Employees _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
Sales Tax Exempt? _____ Purchase Order Required? _____	<input type="checkbox"/> Individual <input type="checkbox"/> Municipality Other _____
Name of Owner/President _____	Title _____ SS# _____
Home Address _____	City _____ State _____ Zip _____
Telephone _____	Fax _____

**STOP HERE AND SIGN BELOW IF YOU ARE A MUNICIPALITY**

Name of Bank _____	Checking # _____	Loan # _____
Address _____		
City _____	State _____	Zip _____
Officer of Contract _____	Phone _____	Fax _____

PLEASE LIST 4 MAJOR SUPPLIERS · INCLUDE FAX NUMBERS TO EXPEDITE PROCESSING.

1) Name _____ Account# _____	3) Name _____ Account# _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
2) Name _____ Account# _____	4) Name _____ Account# _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

I (we) agree to pay all PMI purchases within net 30 days terms. I (we) agree to pay 1.5% per month (18% per annum) on past due invoices until paid, together with all expenses (including reasonable attorney fees) necessary to collect an overdue balance. Should legal action be instituted to enforce payment of any outstanding balance, the legal remedy shall be governed and enforced by the internal laws of the State of California in the county of San Diego, in the city of Vista. I certify the above and attached information to be true and accurate. I hereby authorize the release of information to PMI for the purpose of establishing credit terms with this company. A photocopy of this authorization shall be valid as the original.

\_\_\_\_\_

OWNER OR CORP OFFICER SIGNATURE
PRINT NAME
TITLE
DATE

SALES TAX WILL BE CHARGED TO ORDERS SHIPPED TO A CALIFORNIA ADDRESS.  
 IF PRODUCTS ARE PURCHASED FOR RESALE, A COMPLETE "RESALE CERTIFICATE/TAX EXEMPT CERTIFICATE" MUST BE SUBMITTED PRIOR TO SHIPMENT.