



Premier Supply Group, Inc.
372 Pasco Road
Springfield, MA 01119
Phone: 877.782.4421
Fax: 866.834.5929
customerservice@psgnc.com

Welcome Prospective Credit Customer:

Thank you for your interest in Premier Supply Group, Inc. and Degrees of Comfort. Attached you will find an application for credit, an individual personal guaranty, and a copy of our credit policy and terms.

Please fill out the credit application in full. If you are not certain of your business's monthly sales volume, please make an estimate so that we may be able to understand your requested credit limit. We will not process any application that has not been signed and dated by an officer or the owner of your business. Finally, please complete the Individual Personal Guaranty, which will help to establish your line of credit.

Please complete the appropriate Sales Tax Resale/Exempt Certificate for the state(s) in which you conduct business, are properly registered, and for which you assume responsibility to charge, collect and remit end user sales tax. Forms are available on request. If you are a non-profit organization, please attach a copy of your tax ID certificate.

Please note that if you have requested a credit limit, it typically takes a couple of weeks to process an application for credit.

Thank you once again for your interest in the Premier Supply Group. We hope that our relationship will be mutually profitable for years to come.

Sincerely,

David F. Teece
President

800-400-0318 • www.premiersupplygroup.com
Northampton • Springfield • Greenfield • Great Barrington • Pittsfield • Westfield • Athol
Brattleboro, VT • Lebanon, NH





APPLICATION FOR CREDIT

Complete Business Name _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Business (Check One): Individual Proprietorship Partnership Corporation LLC

Name, title and social security number of proprietor, or partners or officers:

NAME	TITLE	SOCIAL SECURITY NUMBER

Year Business Organized: _____

Active Trade References (Suppliers and Addresses):

1. Name:	2. Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact:	Contact:
3. Name:	4. Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact:	Contact:

Bank Reference: _____ Phone: _____ Fax: _____

Branch Address: _____

Bank Officer: _____ Account Number: _____

Anticipated Monthly Sales Volume: _____ Requested Credit Limit: _____

Do you plan to discount? Yes No OR Pay within terms? Yes No

Are you tax exempt? Yes No If yes, please provide completed resale certificate.



How did you obtain this credit application? online received from a PSG employee

(employees's name)

Which PSG location(s) do you anticipate buying from? Northampton, MA Springfield, MA
 Pittsfield, MA Great Barrington, MA Westfield, MA Athol, MA Greenfield, MA
 Brattleboro, VT Lebanon, NH

Do you require a purchase order with every purchase? Yes No

If/when you pay by check, does the check have your company name and address on it?

Yes No If not, name of company on check: _____

Do you authorize the above trade and bank references to disclose pertinent information concerning your current and past financial standing, credit history, and general reputation for promptness and integrity?

Yes No Comments: _____

Your credit history will be held in strict confidence however there may be occasions when you will want this information released in order to verify your financial standing. Do you authorize the release of such credit information? Yes No

I hereby agree to pay within the established terms after each billing date for all purchases charged to my account. I further agree that in the event of default in the payment of any amount due, and if this account is placed in the hand of any agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court cost incurred and permitted by laws governing these transactions.

Terms: Vary based on sales volume and will be printed on your invoice. Invoices not paid within terms will be subject to a service charge of 1 ½% per month if not paid within 30 days of statement.

Signed by: _____ Title: _____

Date: _____

Please submit by mail, email, or fax, a signed application, signed personal guaranty, and if applicable, resale/exempt certificate to:

Premier Supply Group, Inc.
Credit Department
372 Pasco Road
Springfield, MA 01119

Fax: 866-834-5929

Email: creditdept@psgne.com

Office Use Only

Approved By: _____

Credit Limit: _____

Sales Rep: _____



INDIVIDUAL PERSONAL GUARANTY

Date: _____

I, _____ residing at _____

For and in consideration of your extending credit at my request to

(Name of Company)

(hereinafter referred to as the "company"), of which I am _____,

hereby personally agree to you the payment at Premier Supply Group, Inc., in The State of Massachusetts of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

I do hereby waive notice of default, non-payment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____

Witness: _____

Witness Address: _____

CREDIT POLICY

In order to establish credit, it is necessary that the credit application be completed and on file. Credit limits may be necessary, based upon anticipated sales volume and the financial strength of the company and its owners. Personal guarantees may also be necessary in order to extend credit. Strict adherence will be made to this credit limit. Any sales made in excess of the credit limit will be on a C.O.D. basis only. If additional credit is required and payment history has shown all invoices have been paid within terms, the credit limit will be reviewed and may be increased accordingly.

Please note that according to state statute, we are required by law to have in our possession at the time of sale a completed resale certificate or a tax exemption certificate (for non-profit organizations) in order to avoid charging sales tax. This form is only valid for three years, and then must be updated.

PUBLISHED TERMS

For customers with established credit, and based on your monthly sales volume, terms may be extended at NET 30 days, or where sales volume and good payment history exist, we may offer a 2% discount when paid by cash or check, which may be taken off the monthly statement if paid in full by the tenth of the month following the date of the statement. Your specific terms will be printed on your invoice. Unearned discounts will be charged back to your account. Please note that the 2% discount does not apply to freight charges or sales tax. Any unpaid balance is then due in full by the 25th of the month. Invoices not paid within terms as indicated on your invoice will be subject to a finance charge assessed at the rate of 1 ½% per month on the past due balance unpaid at the time of the printing statement. This represents a true annual interest rate of 18%.

Accounts that remain unpaid after sixty (60) days will require that we curtail shipments and/or sales to that account on an *open account basis*. Shipments and/or sales will be made on a C.O.D basis only. When shipments are made on this basis, it is expected that payment will be made not only for the materials provided but that at least 25% of the unpaid balance will be paid as well. *There will be no exceptions to this policy. Any account that remains unpaid after ninety (90) days will automatically be referred for collection.*

RETURNED GOODS

A restocking charge of 25% will be assessed on all returned goods. Only unused materials will be accepted and only if within 10 days of purchase. A copy of the original invoice and packaging must accompany the returned material for a credit to be rendered. *There will be no exceptions to this policy.*

RETURNED CHECKS

All checks that are returned by the bank for whatever reason will result in a \$50.00 charge for the processing of the returned check. *This is non-negotiable.* This will also result in the account being immediately transferred to C.O.D status.