



Credit Application

Company Information

Business Name: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Type of Business (circle one): Corporation Partnership Proprietorship Other

Business Description: _____

Years at this Address: _____

Principal Officers and Titles:

Shipping Information

(If more are required, please attach a sheet with additional information.)

Ship to Address 1	Ship to Address 2	Ship to Address 3
Location Name	Location Name	Location Name
Street Address	Street Address	Street Address
City	City	City
State	State	State
Zip Code	Zip Code	Zip Code
Contact Name:	Contact Name:	Contact Name:
Contact Title	Contact Title	Contact Title
Phone Number	Phone Number	Phone Number

Special Delivery Instructions: _____



Company Contacts and Preferences

Primary Account Contact Name: _____ **Title** _____

Email Address: _____ **Cell Phone:** _____

Phone: _____ **Fax:** _____

Accounts Payable Contact Name: _____

Email Address: _____

Phone: _____ **Fax:** _____

How would you like to receive invoices? Fax Email

Who should receive them?

Name: _____ **Email:** _____ **Fax:** _____

Order Entry: Pike Systems offers four different methods of order entry to its customers.

We have online ordering or you may fax, email, or call-in your orders.

Are you interested in placing orders online? Yes No

(If you indicated yes, we will call you to set-up our online ordering system for your use. If you choose to enter orders online, you are, of course, still welcome to email, fax, or call-in orders.)

Would you like to receive Faxed or Emailed Order Confirmations? Yes No

Who should receive them?

Name: _____ **Email:** _____ **Fax:** _____

Does your organization require the use of Purchase Order Numbers? Yes No

Is your organization tax exempt? Yes No Tax Exempt #: _____

Please provide a copy of your tax exempt letter.



Vendor Credit References

Please complete the information for four vendor credit references below. We will make every effort to expedite the credit process whenever possible. Complete and accurate telephone and fax numbers are very important.

Company: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Contact Name: _____

Company: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Contact Name: _____

Company: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Contact Name: _____

Company: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Contact Name: _____

We certify that all information on this document is correct. We fully understand that Pike Systems, Inc. credit terms are Net 30 days and we agree to proper payment within those terms. Any balance that is past due is susceptible to a 1.5% service fee. Accounts past 45 days, will be placed on C.O.D. until the account is brought up-to-date.

Signature: _____ Date: _____
(Owner, Partner, Corporate Officer)

Please return the completed form to:
Pike Systems Inc.
1770 Commerce Drive
Montgomery, Illinois 60538
Phone: 630-896-6373
Fax: 630-896-7199

For Office use only:
CustAcct: _____ SalesId: _____ Sales Group: _____
Customer Payment Terms: _____ Credit Limit: _____
Delivery Route: _____ Carrier: _____