



# Dealer Credit Application

This application is to establish terms and conditions to purchase from Pace International, and/or PACE CSO.

\* All fields must be filled before application can be processed.

## Company Information

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fed. Tax ID: \_\_\_\_\_ State Tax ID: \_\_\_\_\_

NOTICE: If tax exempt, you must forward valid sales tax exemption certificate(s) to us, or tax will be charged.

Years in business: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

Dun & Bradstreet #: \_\_\_\_\_

### Type of Company:

Corporation     Partnership     Sole Proprietor

Amount Requested: \_\_\_\_\_

Acc. Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-Mail: \_\_\_\_\_

DISH Network® OE #: \_\_\_\_\_

Pace Salesperson: \_\_\_\_\_

## Principal Owner

for proprietor, partnership or corporation if applicable

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Address: http:// \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Credit References

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Trade References

1. Company: \_\_\_\_\_ 2. Company: \_\_\_\_\_ 3. Company: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

## Secondary Forms of Payment

### Credit Card

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Bank Authorization

Transit/Routing/ABA# \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Fax or Mail

Fax completed application and applicable sales tax exempt certificate(s) to:

**(507) 424-5562**

Or by mail:

Pace International  
PO Box 6937  
Rochester, MN 55903-6937

The following terms and conditions shall apply to all sales from Pace International, and/or Pace CSO (referred to as Pace or The Company)

1. Credit Application. An approved credit application must be on file.
2. Credit Application Signature. Authorized signature below includes: principal owner for proprietor or partnership, or an officer for a corporation.
3. Credit Investigation. The Company is authorized to investigate the references provided on the credit application.
4. Tax Exemption. Tax-exempt customers must have valid Certificate of Exemption form(s) on file with us.
5. Account Terms. The undersigned agrees to pay according to the terms of sale stated on each invoice.
6. Payments. All payments will be in US currency.
7. Service Charge. For invoices that have gone past due, interest will be charged at the rate of the lesser of 1.5% per month or the maximum prevailing rate allowable under the law of the state governing the transactions contemplated by the credit application.
8. Statement. Monthly statements will be mailed for those customers who have a balance at month end.
9. Secondary form of payment. Your secondary form of payment (credit card or ACH) will be used for collection if we have not received payment within 10 calendar days of the due date of your invoice. Please allow adequate mailing time for your payment to reach us.
10. Credit hold. If balance is not paid within terms, the account will be placed on temporary hold, which means there can be no more charging until the account is current.
11. Credit availability. Credit availability shall be at the sole discretion of the Company and may be terminated and/or changed at any time.
12. NSF payment. Non Sufficient Fund payments will incur a fee of \$30 and the account will be subject to a new credit review.
13. Returns. Customer must have a Return Material Authorization (RMA) form from the Company before returning product. Returns may be subject to a restocking fee.

The undersigned certifies the information is true and correct and in addition to the forgoing, the undersigned expressly agrees that in the event any action or proceeding shall be brought for recovery of amounts due for merchandise or services obtained from Pace or is assigned, all costs of collection including but not limited to attorney's fees, plus interest at the rate of the lesser of 1.5% per month or the maximum prevailing rate allowable under the law of the state governing the transactions contemplated by the credit application will be the undersigned's responsibility.

In consideration of a company check being accepted from the above firm, I, (we) personally guarantee all indebtedness may be arranged, extended, and/or renewed without notice to the Guarantor. I (we) agree to, within five (5) days from the date of demand, pay any and all indebtedness which is owed by the above named to Pace plus all interest, costs, and any attorney's fees, if any that are due.

I hereby authorize all listed references to release any credit information requested to Pace and also understand that Pace will obtain a credit bureau report or a Dun & Bradstreet report.

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal owner or officer name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal owner or officer name)

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal owner or officer name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal owner or officer name)