

Please complete this application and fax it back to our Credit Department **951-245-0042**

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Legal Business Name: \_\_\_\_\_

Trade Name – DBA: \_\_\_\_\_

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

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

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

State Resale #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_

Do you require a purchase order # before we accept an order?  Yes  No

Estimated Monthly Purchases \$ \_\_\_\_\_

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**OPERATION PROFILE:**

|                        |                      |                         |
|------------------------|----------------------|-------------------------|
| <b>Organization:</b>   | <b>Sales Volume:</b> | <b>Others:</b>          |
| Sole Proprietor: _____ | Last Year: _____     | Year Established: _____ |
| Partnership: _____     | This Year: _____     | No. of Employees: _____ |
| Corporation: _____     | Next Year: _____     | Type of Business: _____ |
| LLC: _____             |                      | State of Origin: _____  |

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**Terms Requested:**  COD Company Check  Credit Card (Visa, Master Card, American Express only)  
(Indicate Preference)  COD Post Dated Check  Net Terms – Credit Line Requested \$ \_\_\_\_\_

**BANK AND TRADE REFERENCES MUST BE COMPLETED TO BE CONSIDERED FOR NET TERMS**  
**\*\*\*PLEASE INCLUDE CURRENT YEAR END FINANCIAL STATEMENTS WITH NET TERMS REQUESTS\*\*\***

Financial statements must include a balance sheet and income statement and unaudited statements.

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Check One:  Principal  Partner  Proprietor

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No If yes, please attach explanation.

Information should be supplied for each Principal or Partner on separate attached sheets.

**TRADE REFERANCES (Major Suppliers):**

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Fax #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Fax #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Fax #: \_\_\_\_\_

By submitting this application and agreement, including any financial statements and additional information, the entity identified above ("Customer") is applying to CRN Solutions, Inc dba Primus Cable, CyberXLink and Fiber Savvy and its subsidiaries (collectively, "CRN") to obtain trade credit. By your signature below, you represent that Customer is a valid business entity and that you are an authorized representation of Customer with authority to enter into contractual agreements. You agree to the credit policies established from time to time by CRN and further agree that all sales of CRN products to Customer shall be governed by CRN's terms and conditions of sale as stated on each CRN invoice and posted on CRN's websites. Customer agrees to make payment in full to CRN for all amounts according to CRN's invoice on or before the net due date. Customer hereby grants CRN a perfected security interest in any and all goods purchased by Customer from CRN (and all proceeds thereof) to secure any and all obligations of Customer to CRN, including but not limited to any obligation of payment. Customer hereby appoints CRN as its attorney-in-fact to make, execute and endorse any note, check, draft, money order, instrument, or other medium of payment and authorizes CRN to affix Customer's name to any other document to enforce this security interest. CRN is authorized to file and record any financing statements in its discretion. You acknowledge that if Customer should default in any payment(s), CRN reserves the right to declare all invoice amounts due and payable without notice to Customer and shall have the right to charge a finance fee of 1-1/2% (or the highest rate allowed by law, if less) per each 30 day period, or part thereof, for any invoice that is past due. In the event CRN should commence any action or actions, or otherwise seek to enforce this agreement against Customer, Customer agrees to pay reasonable attorney(s) fees, court and other collection expenses incurred by CRN, whether or not a suit is filed. This agreement is not transferable or assignable without prior written consent of CRN and you agree to inform CRN in writing prior to any changes in the legal name and form of Customer. On behalf of Customer, you certify that all information provided in connection with this application is, and that all information subsequently provided to CRN in connection with this application or the credit extended to customer by CRN shall be, true and correct in all material respects and you acknowledge that CRN will be relying on such information with respect to making decisions regarding Customer's terms of credit. You hereby consent to CRN obtaining information about you personally and Customer from credit reporting agencies and other sources CRN deems appropriate in considering this application and subsequently for purpose of updates, renewals, or extensions of credit granted as a result of this application or in reviewing or collecting Customer's account. You acknowledge CRN reserves the sole discretion and right to decline, change or revoke the terms of credit provided to Customer. You agree to provide CRN with a valid and correct tax exemption certificate applicable to the product ship-to location prior to acceptance by CRN of any order and to indemnify CRN against liability for any and all sales or other similar taxes, however designed, associated with any order.

|                                       |           |       |      |
|---------------------------------------|-----------|-------|------|
| Authorized Owner/Officer (Print Name) | Signature | Title | Date |
|---------------------------------------|-----------|-------|------|

**INDIVIDUAL PERSONAL GUARANTY**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Guarantor's Name)
(Home Address)

for good and valuable consideration, including the extension of credit to the Customer identified on this application from which I will benefit, do hereby unconditionally guarantee and promise to pay in full on demand any and all obligations of Customer to CRN without regard for any claim of setoff, counterclaim or defense. I hereby waive notice of sales to Customer, and of the terms thereof, and of non-payment or other default or dispute with Customer. I hereby waive any right to a jury trial and consent to all renewals and modifications of terms of sale or credit. This is a continuing and irrevocable guaranty that shall remain effective and enforceable regardless of any change in the form, composition, nature, personnel or location of Customer and I hereby subordinate any indebtedness of Customer to me to that of Customer to CRN. I recognize that my individual credit history may be a necessary factor on the evaluation of this Guaranty and hereby consent to and authorize to the use of a consumer credit report on me by CRN, as a business credit grantor, from time to time as needed in the ongoing credit evaluation process. In the event CRN should commence any action or actions, or otherwise seek to enforce this Guaranty against me, I agree to pay reasonable attorney(s) fees, court costs and other expenses incurred by CRN in said action, whether or not a suit is filed. I agree that a facsimile copy of this Guaranty shall be considered an original and admissible in a court of law to the same extent as the original document. The Guaranty shall inure to the benefit of CRN and its successors and assigns and shall bind my heirs, executors, personal representatives, administrators and other successors.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Please attach personal financial statement of Guarantor.

**PRIMUS CABLE**  
A division of CRN Solutions, Inc.

**BANK CREDIT INQUIRY**  
Attn: Accounting

In order for us to check your bank references, please complete this form to release the following information to CRN Solutions, Inc dba Primus Cable, CyberXLink and Fiber Savvy for the purpose of extending credit. The information will be kept in the strictest confidence. Please complete the form along with your signature and fax back to CRN Solutions, Inc.

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

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

**BANK INFORMATION**

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

Bank Phone #: \_\_\_\_\_ Bank Fax #: \_\_\_\_\_

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

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

Bank Account #: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

By signing below, I hereby authorize my bank \_\_\_\_\_, to release our bank account information on the account number(s) listed above to CRN Solutions, Inc dba Primus Cable, CyberXLink and Fiber Savvy for credit rating purposes only.

| <b>Signature</b>  | <b>Name</b> | <b>Date</b> |
|---|-------------|-------------|
| The person signing this form must be an owner/officer of the company and have the legal right to sign on behalf of the company. |             |             |

**FOR BANK USE ONLY**

Dear Bank Officer,

The above company has listed your bank as a credit reference. Please help us make a fair decision by completing this form and returning it by fax at your earliest convenience. We appreciate your assistance in providing the following information. The information will be held strictly confidential. Thank you.

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

Date Account Opened: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Frequency of Returned Checks (NSF): \_\_\_\_\_

Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

29415 Hunco Way, Lake Elsinore, CA 92530  
Phone: 951-824-1572 / Fax: 951-245-0042 [www.primuscable.com](http://www.primuscable.com)

By completing this document, you are authorizing us to charge your credit card. Please complete and return this form by attaching copies of your driver's license and credit card (you will need to set the copier to its lightest setting). Your order will not be shipped until this confirmation is returned to CRN Solutions, Inc. (dba) PRIMUS Cable, Inc.

|  |   |
|--|---|
| Please attach a legible<br>Copy of your driver's license here. | Please attach a legible<br>Copy of your credit card here.<br>(Front & Back) |
|--|---|

**We Accept Visa / Master Card / Discover/ American Express**

**Bill To:**

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

Card #: \_\_\_\_\_ 3 Digit #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

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

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

**(Shipping Address Must Match Billing Address)**

I understand that if and when returning merchandise, all original contents must be in its original packaging. In the event that there are missing items or software, I will be held responsible and will accept full charges. A facsimile signature or copy is binding. I authorize CRN Solutions, Inc. (dba) PRIMUS Cable, Inc. to charge my credit card and ship to the following address:

**Ship To:**

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

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document, you agree by the Terms and Conditions as stated on Primus Cable's website located here:

**Terms and Conditions of Use & Terms and Conditions of Sale**

<http://www.primuscable.com/store/pg/71-Website-Policy.aspx>

**Privacy Policy**

<http://www.primuscable.com/store/pg/72-Privacy-Policy.aspx>

**RMA / Warranty Returns**

<http://www.primuscable.com/store/pg/148-Return-Policy.aspx>

THE CUSTOMER AGREES TO BE BOUND BY AND ACCEPTS THE ABOVE REFERENCED TERMS AND CONDITIONS.

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

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

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

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

CRN Solutions, Inc. reserves the right to change/modify/amend these Terms and Conditions at any time with or without notification.

### California Resale Certificate

**I HEREBY CERTIFY:**

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:  
\_\_\_\_\_

3. This certificate is for the purchase from \_\_\_\_\_ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.


5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER \_\_\_\_\_

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_

 PRINTED NAME OF PERSON SIGNING \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS OF PURCHASER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
(      )