

PRIMUS CABLE
A division of CRN Solutions, LLC

ACCOUNT APPLICATION
Attn: Accounting

Please complete this application and email it to our Credit Department at accounting@primuscable.com.

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 \$ _____

OPERATION PROFILE:

Organization:

Sole Proprietor: _____

Partnership: _____

Corporation: _____

LLC: _____

Sales Volume:

Last Year: _____

This Year: _____

Next Year: _____

Others:

Year Established: _____

No. of Employees: _____

Type of Business: _____

State of Origin: _____

Terms Requested:

(Indicate Preference)

☐ COD Company Check

☐ COD Post Dated Check

☐ Credit Card (Visa, Master Card, American Express only)

☐ 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.

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 REFERENCES (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, LLC 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
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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.

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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, LLC 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, LLC.

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, LLC dba Primus Cable, CyberXLink and Fiber Savvy for credit rating purposes only.

Signature	Name	Date
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: _____

PLEASE FAX SIGNED BANK CREDIT INQUIRY FORM TO THE LOCATION WHERE PLACING THE ORDER.