



PAM DISTRIBUTING

11413 E. 58TH ST.
Tulsa, Ok 74146
Toll Free: 800.888.8101
Phone: 918.252.0754
Fax: 918.252.0851

New Accounts

To whom it may concern:

We welcome your business interest and would be happy to open an account for your company. In order to do so we will need more information. Please complete the following dealer application as to what type of account your company would like to set up. Please note the application must be complete to expedite processing.

Net 30 Accounts

Please complete the entire application except for part 4, the credit card information sheet.

Note: Account numbers, phone numbers and fax numbers must be accurate if you want your account open in a timely manner. A signed original must be on file prior to final approval. Please note that any balance not paid within 60 days is subject to a late fee.

Cash Account

To open a Cash only account, complete part 1.

Company Check or COD

To open a Company Check or COD Account, please complete part 1, 2, and 3.

Note: A signed original must be on file prior to final approval.

Credit Card Accounts

To open a Visa, MasterCard or Discover account, please complete part 1 and 4. Please **Mail** your application to us with a legible copy of the credit card/s and driver's license.

As soon as we receive your completed application we will let you know in a timely manner when your account has been approved. All applications that are not completely filled out as requested will not be approved. We look forward to supplying you with all your security and satellite installation equipment needs. Thank you for your time and have a great day.

Sincerely,
PAM Distributing Management

Please fill out all applicable pages of this form and e-mail them to
accounting@pamdist.com



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Part 1 - Dealer Application

Type of account desired: _____ Cash _____ Credit Card _____ COD/Company Check
_____ Net 30 Amount of Credit Desired\$ _____ Estimated Monthly Sales \$ _____
Type of Equipment to be purchased _____

Company Information

Company Name and DBA _____

Billing Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Pager/Mobile _____ e-mail _____

Accounts Payable Contact _____ Phone _____ Fax _____ e-mail _____

Shipping Address _____ City _____ State _____ Zip Code _____

Type of Location: Commercial Store Front _____ Residential Office _____ Other _____

Ownership

Year business was established _____ Years business at this location _____ Years in business at previous location _____

Please check applicable business type: Proprietorship _____ Partnership _____ Corporation _____

D&B # _____ Sales tax exemption # _____ Purchases to be for resale? _____

Have you or your company filed bankruptcy within the past 7 years? _____

A copy of your current sales tax permit must be on file to avoid sales tax charge.

I/We hereby authorize PAM Distributing Co. to verify and inquire on all information on both the Company and any/all individuals whose information is submitted herein. I/We promise to pay for all goods and services purchased in accordance with terms and conditions stated. Furthermore, in the event that any goods or services are purchased on behalf of an above named partnership, corporation or LLC, the undersigned hereby authorizes and directs PAM Distributing Co. to seek payment from the undersigned individual, in his or her individual capacity, in the event that said partnership, corporation or LLC fails to timely pay for such goods or services. In addition, the undersigned states he or she is properly authorized to act on behalf of said partnership, corporation or LLC and that any indebtedness that the undersigned contracts for on behalf of said partnership, corporation or LLC is a valid and binding debt of such partnership, corporation or LLC.

Signed _____ Title _____ Date _____
(Authorized Officer or Representative)

Signed _____ Title _____ Date _____
(Individually)

Please print name _____

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Part 2 - Check Acceptance Policy

PAM Distributing does not except personal checks.

After check status is approved, PAM Distributing will continue to accept your checks as long as there are no checks returned from the bank.

For any checks returned for "non-sufficient funds" or any other reason other than a bank error, PAM Distributing will forward checks to a debt collection agency. A \$30.00 fee will be charged per returned check. In order to accept your check, the statement below must be signed and dated. This will be kept in your file. Should legal action be required to collect upon any check, PAM Distributing shall charge any and all costs incurred to the presenter of said check or the company upon whose behalf the check was presented. The venue of any legal action necessary to collect upon such a debt shall lie in the local county and state of PAM Distributing.

Guarantee of Payment

I agree that my account will be debited electronically for both face amount and returned check fees if returned unpaid.

Signed _____ Title _____ Date _____

To PAM Distributing and to your local agent and/or assignee. For value received, the receipt of which is hereby acknowledged, and in consideration of your advancing credit to or accepting checks from:

_____, Debtor.

I / We, the undersigned, hereby personally guarantee the prompt payment to you of all the amounts now due and owing to you from said Company. Each of the undersigned hereby agrees that the liability of all sums guaranteed shall be a joint and several one. Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note or evidence of indebtedness, the extension of time, payment arrangement or other indulgence granted to the Debtor, or by agreement affecting said indebtedness and the undersigned hereby waives notice of all of the aforesaid. The filing of suit or exhaustion of collection or legal remedies against said Debtor shall not be a condition precedent to the enforcement of this Guarantee and the undersigned hereby expressly waives notice of default of non-payment, demand, presentment for payment, protest, notice of protest or diligence. The Guarantee shall continue until you have received a notice of termination executed by the undersigned. Should the undersigned elect to terminate this guarantee, such termination shall not affect the liability of the undersigned as to accounts and amounts then owing from said Debtor. In the event that suit is instituted on this Guarantee, the undersigned agrees to pay all court costs and such additional sum as the Court may deem reasonable as Attorney's fees and that the venue of such action shall lie in Tulsa County, State of Oklahoma, or at the venue designated by PAM Distributing. Guarantors further agree that the liability under this Guarantee shall continue notwithstanding the filing of any petition by the Debtor under any provision of the Bankruptcy Act.

Guarantor 1 Signature **Date**

 Residence Address

 Phone Number Social Security Number

Guarantor 2 Signature **Date**

 Residence Address

 Phone Number Social Security Number

Please fill out all applicable pages of this form and e-mail them to
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Part 3 - Bank Authorization Form

Account Information Request

Date

Bank Name/City	Attention	Phone	Fax
Company Name/City		Phone	Fax
Account Number	Transit Routing Number		

Authorization

I _____ authorize the release of the following information to PAM Distributing.
Please Print

Signature Title

The following information is to be provided by the bank

Date account was opened Average daily balance

Number of NSF's

Comments

Information Provided By Title Date

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Part 4 - Credit Card Authorization Form

Must have separate form for each credit card

I, _____ (please print), give my permission to PAM Distributing to charge my credit card listed below for merchandise offered by PAM.

Credit Card Number _____

Expiration Date ____ / ____

Billing Address: _____

City _____ State _____

Zip _____

Three digit authorization code from back of card ____

I authorize my employees to pick up, sign for and apply to this credit card number said merchandise. Any changes to this authorization form will be given in writing prior to placing an order.

Your signature below indicates your consent and acknowledgement of the aforementioned transaction.

 Your signature

 Date

Drivers License Number _____

State _____

<p>Place your Drivers License here. Please copy on lightest copier setting.</p>	<p>Place your Credit Card here. Please copy on lightest copier setting.</p>
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Copies must be legible

N/forms/06complete dealer app rev 10/2006

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Part 5 - Dealer Application for Net 30

Required only if applying for net terms.

Officers, Partners, Owners

1. _____
Name/Title Residential Address

Social Security Number Residential Phone Number

2. _____
Name/Title Residential Address

Social Security Number Residential Phone Number

Trade References

1. _____
Name City/State Account #

Terms Phone Fax

2. _____
Name City/State Account #

Terms Phone Fax

3. _____
Name City/State Account #

Terms Phone Fax

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