



Form: **Client Registration**

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Controlled Document Owner: Barb Hurley

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Paragon Development Systems Inc.
1823 Executive Drive ♦ P.O. Box 128 ♦ Oconomowoc, WI 53066
Phone: 1 800-966-6090 ♦ Fax: 1 (866) 707-1689
ATTN: Barb Hurley, Credit Manager

Client Registration

Date: AD IS

Firm Name (legal)			
(trade)			
Mailing Address			
City	State		Zip
Shipping Address			
City	State		Zip
	County		
Phone Numbers	Main		Fax
Contacts:	Purchasing	Accounts Payable	Controller
Ownership:	<i>(check one)</i>		
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
Tax Exempt:	<i>(Please check one. If yes, attach a copy of your tax exempt certificate)</i>		
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Paragon Development Systems Terms and Conditions

1. A purchase money security interest shall remain with the Seller until the Client has paid the entire purchase price.
2. The credit terms are NET 30 days from date of invoice.
3. The Client agrees and accepts, by consideration and execution of this document in the State of Wisconsin, all legal process will be under the jurisdiction of Waukesha County.
4. The Client agrees to pay the Seller all reasonable collection and attorney's fees should the Seller be required to initiate such actions.
5. The Client agrees to pay a return check fee of \$25.00 (subject to change).
6. PDS retains the right to charge interest at the legally allowable rate on all undisputed amounts aged beyond NET 30 days.
7. The Client authorizes Seller to contact any trade references and others to establish initial and ongoing credit with Seller.

The signor, on behalf of the applicant company, agrees to all terms and conditions shown directly above.

AUTHORIZED SIGNATURE (Print name and title):	
Name	Signature
Title	Date



PLEASE FILL OUT CREDIT REFERENCE INFORMATION ON PAGE 2
If you have a prepared credit information sheet, submit it and disregard page 2.

<i>Bank Reference</i>	Bank Name & Phone Number Required	
Name		Phone

<i>Trade Reference 1</i>	Complete Information Required		
Name			
Address			
City	State	Zip	PHONE NUMBER
Account #			FAX PHONE

<i>Trade Reference 2</i>	Complete Information Required		
Name			
Address			
City	State	Zip	PHONE NUMBER
Account #			FAX PHONE

<i>Trade Reference 3</i>	Complete Information Required		
Name			
Address			
City	State	Zip	PHONE NUMBER
Account #			FAX PHONE

CLIENT REGISTRATION TAKES 7 - 10 WORKING DAYS

FOR PDS USE ONLY:

Account Director Name:

(Please print)