



**Regardless of the type of account requested,  
both sides of form must be completed in full.**

P & E Distributors, Inc. / ATA Distributors  
dba: TENNESSEE SPEED SPORT

**GOODLETTSVILLE, TN (800) 251-2034**

Local (615) 851-8060 • Fax (615) 851-4053

**CHATTANOOGA, TN (800) 243-6251**

Local (423) 499-2941 • Fax (423) 499-2945

**MARIETTA, GA (800) 882-3035**

Local 770-988-8108 • Fax 770-988-8105

Submitted By: \_\_\_\_\_  
(SALES REPRESENTATIVE)

Terms Requested:(Check One)     C.O.D. Certified Funds     C.O.D. Company Check     Monthly Statement  
 Credit Card:     MC     VISA

Firm Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Dedicated? Y N (Circle One) E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ If so, Name of President: \_\_\_\_\_

Real Estate Property Owned (Value): \$ \_\_\_\_\_ Mortgage Amt.: \$ \_\_\_\_\_ Mortgagee: \_\_\_\_\_

Years in Business \_\_\_\_\_ Same Location? Y N (Circle One) Approx. Monthly Sales Volume = \$ \_\_\_\_\_

Buyer: \_\_\_\_\_ P.O. (Purchase Order #) Required? Yes \_\_\_\_\_ No \_\_\_\_\_

## BANK REFERENCE

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

## PERSONAL DATA OF OWNER/PARTNER

Owner/Pres.: \_\_\_\_\_ Partner: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

"The undersigned does hereby make application for a credit account to Performance and Electronics Distributors, Inc. and by doing so authorizes Performance and Electronics Distributors, Inc., in connection with the establishment and maintenance of this account, to investigate our credit worthiness and capacity. The undersigned warrants the foregoing answers are true and accurate in every respect. I affirm our firm is financially able to meet any commitments we have made and will pay your invoices according to your terms. In addition, it is mutually agreed and understood that this account is subject to a finance charge (the maximum percentage rate allowed by law), which may be imposed on any invoice or invoices not paid within terms. The undersigned agrees to pay all costs and expenses incident to the collection of past due invoices and unpaid remainders, including court costs and reasonable attorney fees. I have thoroughly read and do understand this credit agreement and by evidence of my signature, agree to said terms."

My signature below gives the above Bank and Trade References the authority to release credit information to P & E Distributors, Inc. I understand that by signing this application, I am authorizing P & E Distributors, Inc. to obtain a credit report on my personal data from one or more credit reporting agencies. All information provided is true and correct to the best of my knowledge.

**Date**

**Signature of Owner/President**

**Signature of Partner**

NOTE: Any cost incurred to obtain credit information will be charged to your new / updated account.

**INDIVIDUAL. LIMITED LIABILITY CORPORATION (LLC) or PARTNERSHIP PERSONAL GUARANTY**

"In consideration of P & E DISTRIBUTORS, INC. AND IT'S SUBSIDIARY OPERATIONS, extending credit to \_\_\_\_\_ (name of company to which credit is extended), the undersigned unconditionally guarantees the payments of and all indebtedness owed to P & E DISTRIBUTORS, INC. AND IT'S SUBSIDIARY OPERATIONS, and the undersigned makes such guarantee and further agrees that if the said P & E DISTRIBUTORS, INC. AND IT'S SUBSIDIARY OPERATIONS, expends any monies for the collection of said indebtedness, the undersigned will pay, in addition, all attorney fees and cost of collection of the said indebtedness. I further agree that for any future deliveries of goods or services, I agree to pay all costs of collection, including reasonable attorney fees for the enforcement of any indebtedness against the undersigned. This shall be a continuing obligation of the undersigned, their legal representative, successors and assignees. Undersigned also agrees that any litigation necessary to enforce collection of this debt will be governed under the jurisdiction of the State of Tennessee and jurisdiction shall be specifically vested in the Courts of Davidson County, in Nashville, Tennessee. This obligations shall cover the renewal of any claims guaranteed by this instrument of extensions of time payment thereof, without further notice thereof to the guarantors.

I/WE HAVE READ AND FULLY UNDERSTAND THE AFOREMENTIONED AGREEMENT.

GUARANTOR SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ S.S NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GUARANTOR SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ S.S NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

All monthly accounts are due by the 10th of the month following purchase. At the end of the month, any balance not paid will be subject to a 1.5% finance charge. The finance charge is computed by applying 1.5% per month simple interest on all unpaid balances, annual percentage rate, 18%.

All blanks on this application must be filled out complete irregardless of the type of account you are applying for. Check to make sure that all information you are providing is complete and accurate. Failure to do so will result in delay of setting up your account or non-acceptance of your request for an account.

**TRADE REFERENCES**

Name: \_\_\_\_\_ Account # \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Account # \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Account # \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The Following Items MUST Be Submitted with Your Application:**

- Copy of Business License
- Copy of Your State Tax Certificate of Resale
- Photo of Your Store Front