



**PRO-STAT INC.**

**MEDICAL    DENTAL    FOOD SERVICE    INDUSTRIAL    SAFETY SUPPLIES**

285 Pierce Street  
NJ 08873

Office: (732) 805-9400 Somerset,  
Fax: (732) 805-9401 [www.emeraldppp.com](http://www.emeraldppp.com)

**NEW ACCOUNT APPLICATION**

Corporate Name:		Email Address:	
Trade Name:		Federal ID#:	
<b>Bill to Name:</b>			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Toll Free:	
<b>Ship to Name:</b>			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Toll Free:	

**TYPE OF BUSINESS** (Please check one)

Corporation

Partnership

Sole Proprietorship

**BUSINESS CLASSIFICATION** (Please circle the most appropriate classification)

Automotive Dealer

Retail Store

Paper Distributor

Janitorial/Sanitation Dealer

Restaurant Equipment Supply

Food Service Distributor

Beauty Distributor

Dental Distributor

Industrial/Safety Distributor

Medical Distributor

Municipal

**OWNERS INFORMATION**

Owner 1:		Social Security #:	
Street Address:			
City:	State:	Zip Code:	
Phone:			
Owner 2:		Social Security #:	
Street Address:			
City:	State:	Zip Code:	
Phone:			

Length of Time in this Business:		
Previous employment if less than 2 years:		
Is property owned or leased?		
Name & Address of mortgage holder/Lessor		
Name other businesses owned:		
Have you purchased from Emerald/Pro-Stat previously?                      Y        N		
If yes, under what name?		
Sales Tax Exempt #:	State:	Zip Code:
Line of Credit Requested:	Terms:	
Anticipated monthly purchases:		

**BANK REFERENCE**

Bank Name:		Account Number:	
Street Address:			
City:		State:	Zip Code:
Bank Officer:			
Phone:		Type of Account:	

**GENERAL**

Parent Company/National Acct Affiliation:			
Corporate Owned:		Franchise:	
Central Payment Office:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:		Toll Free:

**SALES TAX** Please attach your Sales Tax Exemption Certification to assure proper sales tax charges.

We hereby make application for credit to PRO-STAT/EMERALD. If credit is granted, we agree to pay all bills within the stated terms of sale. Normal invoice terms shall be NET 30 DAYS but may be modified on an individual basis at the sole discretion of PRO-STAT/EMERALD. We agree to pay a service charge of \$30.00 for any checks returned from our bank unpaid for any reason. Additionally, we understand that a service charge may be assessed on any unpaid balance in an amount of 1.5% per month or the maximum rate allowed by law. Should legal action be taken to secure payment for merchandise received, we will be liable for all expenses, including attorney's fees of 25% of any claim. We agree not to transfer or assign this agreement without the prior written consent of PRO-STAT/EMERALD. We agree to give written notice to PROSTAT/EMERALD. prior to the sale or transfer of all or substantially all stocks or assets of our business. If we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business. We understand that PRO-STAT/EMERALD. reserves the right to revoke credit extended at any time and for any reason it deems valid. The business relationship between PRO-STAT and the customer shall be governed by the State of New Jersey. All disputes between PRO+STAT and the customer shall be decided by the local, State or Federal courts of competent jurisdiction in the State of New Jersey. By signing this application, the customer agrees to all terms above.

**This information is given in confidence for the sole purpose of establishing credit with PRO-STAT/EMERALD. Authorization is hereby given to make inquiry of all trade and financial sources which are deemed to be necessary by PRO-STAT/EMERALD. to rigorously evaluate this application.**

\_\_\_\_\_  
CORPORATE OFFICER/PARTNER/OWNER - SIGNATURE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE



**Please List Three (3) Trade References**

1. Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact:		Terms of Sale:
2. Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact:		Terms of Sale:
3. Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact:		Terms of Sale: