



CRN Solutions, Inc (dba) Primus Cable: Account Application

Please complete this application and the bank inquiry form and fax it back to Attention: Marcos Avila **951-691-5072**

Company Name _____ URL _____
 Address _____
 City _____ State _____ ZIP Code _____
 Contact Name _____ Title _____ E-mail _____
 Purchasing Agent _____ Phone _____ E-mail _____
 Accounts Payable _____ Phone _____ E-mail _____
 Telephone No _____ Fax No _____
 State Resale Number _____ Federal Tax ID _____

OPERATION PROFILE:

Organization:	Sales Volume:	Others:
Sole Proprietor _____	Last Year _____	Year Established _____
Partnership _____	This Year _____	No. of Employees _____
Corporation _____	Next Year _____	Type of Business _____

TRADE REFERENCES

Company _____
 Address _____ City _____
 State _____ ZIP Code _____ Phone _____ Fax _____
 Acct No _____ Terms _____ Contact _____

Company _____
 Address _____ City _____
 State _____ ZIP Code _____ Phone _____ Fax _____
 Acct No _____ Terms _____ Contact _____

Company _____
 Address _____ City _____
 State _____ ZIP Code _____ Phone _____ Fax _____
 Acct No _____ Terms _____ Contact _____

Upon approval of this application, the undersigned attests financial responsibility and willingness to pay all invoices, past due accounts, and NSF checks owed to CRN Solutions, Inc (dba) Primus Cable. In the event of default, the undersigned agrees to pay all costs of collection, including reasonable attorney fees. The undersigned acknowledges that any credit privileges, if granted, may be withdrawn at any time without prior notice.

Signature _____ **Name** _____ **Title** _____ **Date** _____



BANK CREDIT INQUIRY

Please fill out this form so that we may submit this information to the bank.

Company Name _____ Date _____

Address _____

Tel No _____ Fax No _____

Bank Name _____ Contact _____

Address _____ Acct No _____

_____ Acct No _____

Tel No _____ Fax No _____

I hereby authorize my bank _____, to release our bank account information on the account number(s) listed above to CRN Solutions, Inc (dba) Primus Cable for credit rating purposes only.

Signature **Name** **Date**

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 No _____

Date Account Opened _____

Average Balance _____

Current Balance _____

Frequency of Returned Checks (NSF) _____

Rating _____

Comments _____

Prepared by _____ Title _____ Date _____



CRN Solutions, Inc. (dba) Primus Cable

36595 Kevin Road, Suite 138-139, Wildomar, CA 92595

Phone: 951-824-1571 / Fax: 951-691-5072

CREDIT CARD USE AUTHORIZATION

(ATTN: Marcos Avila)

This is to confirm that you are purchasing an electronic item(s) and/or component(s) by using your credit card. In order to complete this transaction, please complete and return this form by attaching copies of your driver's license and credit card (you will need to set the copier to its lightest setting). Your order will not be shipped until this confirmation is returned to CRN Solutions, Inc. (dba) PRIMUS Cable, Inc.

<p>Please attach a legible Copy of your driver's license here.</p>	<p>Please attach a legible Copy of your credit card here. (Front & Back)</p>
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We Accept Visa / Master Card / Discover/ American Express

Cardholder _____

Account No. _____ 3 Digit # _____ Expiration Date ____ / ____

Billing Address _____

City: _____ State: _____ Zip: _____

I understand that if and when returning merchandise, all original contents must be in its original container. In the event that there are missing items or software, I will be held responsible and will accept full charges. A facsimile signature or copy is binding. I authorize CRN Solutions, Inc. (dba) PRIMUS Cable, Inc. to charge my credit card and ship to the following address:

Cardholder Name _____ Company _____

Address _____

City: _____ State: _____ Zip: _____

Signature _____ Date ____ / ____ / ____



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New Customer Information Sheet

Please complete this customer information sheet and email it back to Marcos@primuscable.com. You may also fax it back to our credit department at (951) 691-5072, Attention: Marcos Avila.

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Owner's Name: _____

Telephone No: _____ **Cell:** _____

Purchasing Agent: _____

Phone: _____ **E-mail:** _____

Accounts Payable Person: _____

Telephone No: _____ **Fax NO:** _____

A/P E-mail: _____

State Resale Number: _____ **Federal Tax ID:** _____

Operation Profile:

Organization: Sole Proprietor: _____ Partnership: _____ Corporation: _____

Year Established: _____ **No. of Employees:** _____ **Type of Business:** _____

Web page address: _____

CRN Solutions Internal Office Use Only

Preferred Method to Receive Invoice: Mail E-mail Fax

Form of Payment: Amex Mastercard Visa Dinners

*****You Still Need to Hand in Appropriate Paperwork*****

Sales Rep _____



CRN Solutions, Inc. (dba) Primus Cable

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Attention: (Marcos Avila)

Terms of Sale Agreement

By signing this document you agree by the Terms as stated on Primus Cable's website located here:

Terms and Conditions of Use & Terms and Conditions of Sale

<http://www.primuscable.com/store/pg/105-Our-Policy.aspx>

THE CUSTOMER AGREES TO BE BOUND BY THIS SALE AGREEMENT AND ACCEPTS ITS TERMS AND CONDITIONS (UNLESS THE CUSTOMER HAS SIGNED A SEPARATE FORMAL PURCHASE AGREEMENT WITH CRN Solutions, Inc. (dba) PRIMUS Cable IN WHICH CASE THE SEPARATE AGREEMENT SHALL GOVERN).

BY VISITING, BROWSING, SHOPPING, ACCESSING OR OTHERWISE USING THIS WEB SITE (THE "SITE") OPERATED BY Primus Cable. YOU AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS.

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____

Signature: _____

Date: ____ / ____ / ____

Printed Name: _____

These Terms and Conditions can be changed or altered at anytime without notification.



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(ATTN: Marcos Avila)

Resale Certificate Request

TO OUR CUSTOMERS:

In compliance with the sales and use tax laws, it is mandatory that we have a signed resale certificate on file to show that the merchandise has been purchased for resale.

Please complete the certificate below and return it along with a copy of your resale certificate via fax: 951-691-5072. Please call with any questions at: 951-824-1571. Thank you for your cooperation.

I HEREBY CERTIFY:

1) I hold valid seller's permit number: _____

2) I am engaged in the business of selling the following type of tangible personal property:

3) This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. (Vendor's Name)

4) I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5) Description of property to be purchased for resale:

6) I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and she furnishes a resale certificate to avoid payment to the seller of an amount of tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

Date: _____ Signature: _____

At: _____ By and Title: _____

Phone: _____ Fax: _____

Business Address: _____



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Shipping Authorization Usage Letter

This authorization letter is for the purpose of allowing Primus Cable, Inc. to ship product that our company orders using our Federal Express, UPS account or any other shipping account.

I hereby authorize Primus Cable, Inc. to use our Federal Express, UPS shipping or any other shipping account number when shipping product to either our company or any destination of our choice.

Company Name

Address

Account #

UPS Account #

Name & Title (Print)

Signature & Date

Prior to shipping any products using your account number, this document must be signed and on file to Primus Cable to use at all times. Once you have completed and signed this document please fax it back to 951-691-5072.

If you have any questions please contact your sales representative directly.

Respectfully,

Primus Cable Management

(ATTN: MARCOS AVILA)