



pka technologies, inc.
peter katz associates, inc.
 1 Executive Boulevard
 Suffern, NY 10901
 (845) 357-0170 fax (845) 357-0130
 sales@pkatech.com

Application For Credit

Bill to Address:

Application Must Be Completed in Full

Name:		Duns Number:		Date:
Attention:		Purchasing	Phone:	
Address:		Contact:	()	
City:		A/P Contact:	Phone:	
Country:	State:	ZIP:	()	
Parent Co. Name:			Address:	State: Zip:
Sales Tax Exempt: () Yes If Yes, attach exemption Certificate () No				
Purchase Order () Yes If Yes, hard copy PO required for shipment () No If No, forward Disclaimer letter to credit department				
Reseller: () Yes If Yes, RVP approval is required () No				

Bank Reference

Trade Reference

Bank Name:		Name:		Account:
Address:		City:	State:	Phone ():
City:	State:	ZIP:	Name:	
Contact Name:		Phone ():	Account:	
Account Number:		City:	State:	Phone ():
() Checking:		Name:		
() Borrowing:		City:	State:	Phone ():

All orders placed are obliged to the terms indicated on our invoices.

Authorization to Release Bank/Trade Information:

Signature: _____ Title: _____ Date: _____

Order Process

Name of PO issuer:
What Documentation leads up to the creation of the actual PO?
Describe how changes / revisions to PO are handled.
How long does it take to generate the actual hard copy PO for product or service?

