

Please complete the following form. The following information is required in order to set you up in our system and to process orders. All information is strictly confidential. Please write clearly. Missing documentation could result in delays in establishing your account.

PARsource requires prepayment for all international accounts. Payments can be made via wire transfer or credit card. A credit card authorization form is included in this packet for your convenience if this is your preferred payment option.

The following documents are required to begin the application process:

- Completed and signed application
- Completed credit card authorization form (if applicable)
- Business license or other document of proof of business

Submit Application to:

PARsource Lighting Solutions
2249 S. McDowell Ext
Petaluma, CA 94954
Email: sales@parsource.com
Phone: 855.727.5483
Fax: 877.262.6050

GENERAL INFORMATION

Type of business *(Please check one to expedite the process)*

- | | |
|---|--|
| <input type="checkbox"/> Commercial Greenhouse Manufacturer | <input type="checkbox"/> Commercial Greenhouse Distributor |
| <input type="checkbox"/> Retail Garden Center | <input type="checkbox"/> Electrical Contractor / Contractor / Greenhouse Builder |
| <input type="checkbox"/> Commercial Greenhouse / Nursery Grower | <input type="checkbox"/> Horticultural Research Facility |
| <input type="checkbox"/> Internet Company | <input type="checkbox"/> Hydroponics Store |
| <input type="checkbox"/> University / School | <input type="checkbox"/> Other (please specify) |

List the type of products sold: _____

Primary Countries doing business: _____

Preferred Freight Forwarder: _____
Contact Name: _____

Phone: _____
Email: _____

COMPANY INFORMATION

Company Name: _____
Type of Company: _____
Trading Name: _____
Parent Company: _____
Address: _____
City/ State / Post Code: _____
Country: _____
Phone and Fax: _____
Contact and email: _____
Website: _____
Registered Address: _____
Registration number: _____
Date Business Started: _____

PROPRIETORS / PRINCIPALS / PARTNERS

Name: _____ Title: _____
Name: _____ Title: _____
Address: _____
Phone (home): _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Phone: _____
Email: _____

BANK DETAILS

Bank Name: _____ Account #: _____
Bank Address: _____
Contact Name: _____ Phone: _____

BUSINESS REFERENCES

Company Name: _____ Contact: _____
Address: _____
Phone: _____ Email: _____

Company Name: _____ Contact: _____
Address: _____
Phone: _____ Email: _____

Company Name: _____ Contact: _____
Address: _____
Phone: _____ Email: _____

Name: _____ Signature: _____
Position / Title: _____ Date: _____

CREDIT CARD AUTHORIZATION FORM

By signing below, I (we) hereby authorize PARsource to initiate credit or debit entries to my (our) credit card by debiting or crediting the account indicated below, herein after called DEPOSITORY, and to debit or credit the same such account. I (we) agree to pay within our established credit terms with PARsource for all good ordered from PARsource. I (we) acknowledge that the origination of credit card transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force until PARsource has received written notification from me (or my designate) of its termination in such a time as to afford PARsource and DEPOSITORY reasonable opportunity to act.

Company Name: _____ **Name on Card:** _____
Address: _____
Phone: _____ **Email:** _____

Credit Card Type: (Please check one)

☐ Visa ☐ Mastercard ☐ Discover

Card Number: _____
Expiration Date: _____
Cardholders Signature: _____

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