



**PARAMOUNT**  
EXTRUSIONS

**NEW CUSTOMER PACKAGE**



**PARAMOUNT**  
EXTRUSIONS

**CREDIT**  
**APPLICATION**

6855 Rosecrans Avenue  
Paramount, CA 90723  
**Email Application and inquiries to:**  
ar@pecalum.com

**PLEASE NOTE:** Paramount Extrusions Company reserves the right to deny any credit requested on this application or to amend any existing credit arrangement(s) at its sole discretion.

Customer Legal Name ( <i>hereinafter "Customer"</i> )		Trade Name ( <i>DBA</i> )	
Billing Address ( <i>Include City, Province/State, Postal/Zip Code and County</i> )			
			Minority Company
Shipping Address ( <i>Include City, Province/State, Postal/Zip Code and County</i> )			
Telephone Number		Fax Number	
Parent Company (If applicable)		Years in Business	
Federal Tax ID#	Sales Tax ID#	Sales Tax Exemption Number <b>*Include copy of certificate*</b>	
<b>Credit Limit Request</b>		<b>Paramount Representative</b>	<b>Email Address for Invoices:</b>
<b>Accounts Payable / Name:</b>	<b>Phone No:</b>	<b>Email:</b>	
<b>OWNERS (Complete for each owner / shareholder / member or partner / Attach additional pages as needed).</b>			
<b>Name:</b>	<b>Title:</b>	<b>% of Ownership</b>	
<b>Name:</b>	<b>Title:</b>	<b>% of Ownership</b>	
<b>BANK REFERENCE(S)</b>			
<b>BANK NAME / BRANCH ADDRESS (City, Province/State, Postal/Zip Code):</b>		<b>Contact Name:</b>	<b>Email Address:</b>
<b>BANK ACCOUNT AND TRANSIT NO.</b>		<b>Contact Phone No.</b>	<b>Contact Fax No.</b>
<b>SUPPLIER / TRADE REFERENCES</b>			
Company Name	Telephone No.	Fax No.	Email Address:

The undersigned hereby authorizes the Trade References and Banking Institution to provide information to Paramount Extrusions Company for the purpose of establishing credit both now and in the future.

By signing this application, Customer agrees to the Conditions of Sale and Terms of Payment – Paramount Extrusions Company as may be amended from time to time that are publicly posted on Paramount Extrusions Website website: (<https://paramountextrusions.com/pdf/Paramount-Pricing-Conditions-2024.pdf>).

<b>Authorized Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	<b>Title/Position:</b>

# PARAMOUNT EXTRUSIONS COMPANY COMMERCIAL CREDIT SALES POLICY

All terms and conditions from the front of this application apply equally and are incorporated in the Credit Sales Policy.

**Invoicing:**

All custom and standard aluminum extrusions are invoiced by the foot, or by the piece, and based on Paramount Extrusion's calculations.

**Order Acceptance:**

Orders are subject to acceptance by Paramount Extrusions Company and will be accepted only under Paramount Extrusion's published terms and conditions. Orders will be accepted by mail, fax, or e-mail. For accuracy, please use Paramount Extrusions die numbers and finish codes when placing purchase orders.

**Acknowledgment:**

Paramount Extrusion acknowledges all purchase orders by written confirmation. If you have not received written confirmation of your purchase order within 3 days, please contact our customer service department to ensure your order is in process.

**Terms of Sale:**

Net 30 days from invoice date, subject to credit approval.

**Price Changes:**

All quotes and sales orders are accepted under the terms outlined above regarding 'Price at Time of Order' The prices, discounts, and up-charges stated here or otherwise quoted are subject to change without notice.

**Special Notes:**

Paramount Extrusion's drivers are not permitted to pick up rejected material without prior authorization from Paramount Extrusions management. Contact your Customer Sales Representative for all rejected material claims. Claims for rejected material must be filed within 30 days of invoice date for the rejected material.

Paramount Extrusions Company extrudes to ASTM and Aluminum Association Standards International Specifications and Tolerances. For information contact ASTM International at [www.astm.org](http://www.astm.org)

## PERSONAL GUARANTEE

In consideration of Paramount Extrusions Company extending credit to the account of: \_\_\_\_\_

BUSINESS NAME

a  Corporation  Limited Liability Company, hereinafter called COMPANY, under terms whereby invoiced amounts shall be paid to Paramount Extrusions Company by the 10th of the month after the end of the billing cycle following purchases, the undersigned hereby unconditionally guarantees the payment of any bills incurred by COMPANY with Paramount Extrusions for the purchases of goods and materials on credit. The undersigned further guarantees that all payments for goods sold on credit will be promptly paid, and in the event of COMPANY's default, the undersigned further agrees to pay all collection charges, expenses, attorney's fees prior to and at trial and on any appeal, and court costs incurred by Paramount Extrusions in collecting from COMPANY the purchase price of goods and materials sold and/or in enforcing this agreement against the undersigned.

The undersigned agrees that Paramount Extrusions Company and COMPANY may settle or compromise any sum to become due between them as they see fit without releasing the undersigned from the liability under this guarantee.

It is understood that this agreement shall terminate on either of the following conditions occurring:

- 1) When Paramount Extrusions Company by written document advises the undersigned that this agreement is terminated and that the undersigned is discharged from any further liability.
- 2) When COMPANY's account with Paramount Extrusions Company is paid in full and the undersigned advises Paramount Extrusions Company in writing that he/she will no longer guarantee further extensions of credit from Paramount Extrusions Company to COMPANY.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
GUARANTOR (PLEASE PRINT)

\_\_\_\_\_  
GUARANTOR (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

PLEASE ATTACH A YOUR RESALE PERMIT WHEN SUBMITTING APPLICATION.

## California Resale Certificate

**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 he or she furnishes a resale certificate to avoid payment to the seller of an amount as 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.

NAME OF PURCHASER \_\_\_\_\_

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_

 \_\_\_\_\_

PRINTED NAME OF PERSON SIGNING _____	TITLE _____
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ADDRESS OF PURCHASER \_\_\_\_\_

TELEPHONE NUMBER (     ) _____	DATE _____
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## **PRICING Terms:**

Our pricing policy is 'Price at Time of Order' for any quotes, open orders, and new purchase orders. Price at Time of Order means that we will invoice you based on the quote price at the time you place your order. Pricing will be set on the first of each month, based on the prior month's average (LME + Midwest avg).

*This policy will be applicable to all orders taken and shipped within current standard lead times.*

## **CUT LENGTHS:**

Standard Long Length Tolerance  $\pm .250''$

Precision cutting available and subject to inquiry

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## **SHIPPING TOLERANCES**

10,000 Lbs. and over Plus or Minus 3%

5,000 Lbs. to 9999 Lbs. Plus or Minus 5%

301 to 4,999 Lbs. Plus or Minus 10%

112 to 300 Lbs. Plus or Minus 15%

Under 112 Lbs. Plus or Minus 50%

Exact Piece Count Add \$200.00 per item

TOLERANCES ARE BASED ON INDIVIDUAL LINE ITEMS WITH SAME ALLOY, TEMPER, CUT LENGTH, FINISH AND SHIP DATE.



## **ACH PAYMENT INFORMATION**

Thank you for choosing ACH as your new form of payment. To ensure a smooth transition, take note of the following ACH information:

**Owner:** Paramount Extrusions

**Bank Name:** Commerce West Bank

**Bank address:** 2445 McCabe Way Ste 300, Irvine, CA 92614

**Account Number:** 1630862

**Routing Number:** 122243334

Please be sure to update your records with this information for all future payments. Additionally, send all remittance details to the following email address: [Ar@pecalum.com](mailto:Ar@pecalum.com).



## **TERMS & CONDITIONS**

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