

**PHILADELPHIA RESERVE SUPPLY COMPANY**

200 MACK DRIVE . CROYDON, PA . 19021

215-785-3141 . 800-347-7726 . www.prSCO.org

PRIME SUPPLIER - DIRECT BILLING TRANSFER REQUEST FORM

Suppliers / Vendors: Consider this form as authorization to transfer all direct billing to PRSCO effective immediately. Please inactivate all other billing accounts and make PRSCO the only active account for this Member.

Members: Check each Supplier that you would like billing switched to PRSCO. All sales are subject to normal credit limits and order release procedures. Submission does not guarantee acceptance by PRSCO.

- | | | |
|---|---|---|
| ☐ Abzac | ☐ Great Southern Wood Preserving | ☐ Prime Source |
| ☐ American Lumber | ☐ IDEAL Roofing | ☐ Quikrete |
| ☐ APOC Roofing | ☐ IDI Distributors | ☐ Sakrete |
| ☐ Atlas Roof & Wall Insulation | ☐ Interstate Window & Door | ☐ Service Partners |
| ☐ Britton Industries | ☐ Lehigh Structural Components | ☐ Simpson Strong-Tie
(Complete attached form) |
| ☐ CertainTeed Drywall | ☐ Lumbermen Associates | ☐ Starborn |
| ☐ Chemical Equipment Labs | ☐ Lumber Trades | ☐ Studco |
| ☐ Culpeper Wood Preservers | ☐ Madison Wood Preservers | ☐ Thielsen Lumber |
| ☐ Delta – Dorken Systems | ☐ Marino Ware | ☐ Titebond – Franklin
International |
| ☐ Duration Moulding & Millwork | ☐ National Gypsum | ☐ USG |
| ☐ Empire Blended Products | ☐ National Nail | ☐ Warren Trask |
| ☐ Garden State Lumber | ☐ Orange Pavers | ☐ Wholesale Building Specialties |
| ☐ Goodfellow | ☐ Portland Stone Ware | ☐ Wholesale Millwork |

Member #: _____**Member Company Name:** _____**Address:** _____**Approval Name(Print–First, Last):** _____**Title:** _____**Email:** _____**Phone:** _____**Approval Signature:** _____**Date:** _____**Return this completed form to:**Carl Krajcer CARL@PRSCO.ORG, Jim Dell JDELL@PRSCO.ORG , or Adam Juraga ADAM@PRSCO.ORG



Philadelphia Reserve Supply Co. Bill Through **Account Authorization**

Member: _____
(Company Name)

Billing Address: 200 Mack Dr., Croydon, PA 19021

Mailing Address: _____

Shipping Address: _____

Member Number: _____

Phone Number: _____ **Fax Number:** _____

Contact Name: _____

Contact Email: _____

Other Locations:

Member Number: _____ Shipping Address: _____

Member Number: _____ Shipping Address: _____

Member Number: _____ Shipping Address: _____

I hereby authorize Simpson Strong-Tie to open a bill through account with Philadelphia Reserve Supply Co.

Signature: _____
(Member of Record)

Print Name: _____ **Date:** _____

Rev: 10/22