

# CHARLES M. SCHAYER CO.

CUSTOM BROKERS • FOREIGN FREIGHT FORWARDERS  
FMC LIC. 1349 I.A.T.A. CARGO AGENT  
EST 1946

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P.O. Box 17769  
Denver, CO 80207  
Tel: 303-399-5160  
Fax: 303-329-9604  
[www.schayer.com](http://www.schayer.com)

## CREDIT APPLICATION

Date

Full Legal name of company:   
DBA   
Address:   
City:  State:  Zip:

List type of company here:  Corporation/LLC/Partnership/etc

## BANK REFERENCES

Bank Name	<input type="text"/>	Account no.	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	City/State/Zip	<input type="text"/>

## CREDIT REFERENCES

Company Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
City/State/Zip	<input type="text"/>		

Company Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
City/State/Zip	<input type="text"/>		

Company Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
City/State/Zip	<input type="text"/>		

**PLEASE PRINT THE FULL NAMES OF OFFICERS OR OWNERS AND TITLES.  
INCLUDE THE SOCIAL SECURITY NUMBERS OF OWNERS IF APPROPRIATE.**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Title \_\_\_\_\_  
S.S # \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Title \_\_\_\_\_  
S.S # \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Title \_\_\_\_\_  
S.S # \_\_\_\_\_

**Payment terms are 15 days upon receipt**

Does your company have any special requirements for bill? If so please indicate below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are authorized to investigate our credit worthiness as needed. This may include contacting our references, accessing credit reports on this business or the owners and or officers of the company. We agree to pay your company according to the terms and conditions listed on your invoices, If our company is unable to pay or refuses to pay invoices as they become due, your company will charge 2% per month interest on all past due balances. If litigation or collection procedures become necessary our company agrees to pay expenses. Your company shall have a general lien on any and all property (and documents relating thereto) in its possession, custody or control or en route for all claims for charges, expenses or advances incurred connection with any shipments and if such claims remains unsatisfied for 30 days your company may sell upon 10 days written notice ( registered mail), goods thereof as may be necessary to satisfy such lien and apply the net proceeds to the amount due, and we will be liable for any deficiency in the sale,

This application must be signed by an Officer or Owner of the Business

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\$ \_\_\_\_\_  
Approval Amount

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date