

CREDIT APPLICATION

Date

Full Legal Name DBA

Phone no. Fax no.

Address: City: St: Zip

List Company Type Here: Corp, LLC, Partnership, etc

BUSINESS CREDIT INFORMATION

Federal Tax ID No. Year Business Established

Years at this location Credit Line Requested

BANK REFERENCES

Bank Name Account no.

Contact Phone

Address: City: St: Zip

CREDIT REFERENCES

Company Name Contact: Phone:

Address: City: St: Zip

Company Name Contact: Phone:

Address: City: St: Zip

Company Name Contact: Phone:

Address: City: St: Zip

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

Name	<input type="text"/>	Social Security No.	<input type="text"/>
Address:	<input type="text"/>	City: <input type="text"/>	St: <input type="text"/> Zip <input type="text"/>
Name	<input type="text"/>	Social Security No.	<input type="text"/>
Address:	<input type="text"/>	City: <input type="text"/>	St: <input type="text"/> Zip <input type="text"/>
Name	<input type="text"/>	Social Security No.	<input type="text"/>
Address:	<input type="text"/>	City: <input type="text"/>	St: <input type="text"/> Zip <input type="text"/>

Payment terms are 15 days upon receipt

Does your company have special requirements for billing? If so please indicate on the lines 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

_____	<input type="text"/>	<input type="text"/>
Sign Name	Print Name	Title
_____	<input type="text"/>	<input type="text"/>
Sign Name	Print Name	Title
_____	<input type="text"/>	<input type="text"/>
Sign Name	Print Name	Title

For Use By Charles M Schayer

Amount Approved \$ _____

Approved By _____

Charles M Schayer & Company