



949 STEDMAN ST.
P.O. BOX 8756
KETCHIKAN, AK 99901
(907)225-6648P/(907)225-8575F

110 JARVIS ST.
P.O. BOX 3084
SITKA, AK 99835
(907)747-3142P/(907)747-6897F

Schmolck Mechanical Contractors Credit Application

The undersigned company is applying for credit with Schmolck Mechanical Contractors, Inc. and agrees to abide by the standard terms and conditions of Schmolck Mechanical Contractors, Inc. as printed on the reverse side.

Company or individual name

DBA (if different)

Contact person

Billing Address

City

State

Zip

Service Location(s)

Phone

Fax

Federal tax ID or Social Security #

Date of Birth:

Amount of credit requested \$

Are you a:

CORPORATION

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

Have you ever had credit with us before?

Yes

No

If yes, under what name?

Authorized purchasers

Purchase order required?

Yes

No

TRADE REFERENCES

Reference #1 Name
Address
Phone

Reference #2 Name
Address
Phone

Reference #3 Name
Address
Phone

BANK REFERENCES

Bank#1 Account #
Phone
Contact person
Name of bank
Address

Bank#2 Account #
Phone
Contact person
Name of bank
Address

I represent that the above information is true and is given to induce Schmolck Mechanical Contractors, Inc. to extend credit to the applicant. My company and I authorize Schmolck Mechanical Contractors, Inc. to make such credit investigation as Schmolck Mechanical Contractors, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Schmolck Mechanical Contractors, Inc. any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Title: _____ **Date:** _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Statements are sent within the first week of each month.
2. All bills become payable in full 30 days from the invoice date and if not paid by 30 days from the invoice date are considered past due.
3. A service charge of .88% per month minimum of \$2.00 will be added to all amounts billed if not paid by due date.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.