



SCHUMACHER ELEVATOR COMPANY CREDIT APPLICATION

BUSINESS INFORMATION

Business Name: _____ **Phone:** _____
Area Code & Number

Business Address: _____
Street City State Zip Code

Billing Address: _____
Street City State Zip Code

Billing Contact: _____



Go Paperless - all invoices sent electronically for easy tracking and less clutter, please provide email(s) for E-invoicing: _____

OWNERSHIP

Ownership: () Corporation () Partnership () Sole Proprietor () Limited Liability Company

Federal Tax ID Number or SSN: _____

INFORMATION

PRINCIPAL: _____
Name Title SS# Home Address

PRINCIPAL: _____
Name Title SS# Home Address

PRINCIPAL: _____
Name Title SS# Home Address

Question: Has the firm or any of its Principals ever been a party to a bankruptcy proceeding? () Yes () No

TRADE REFERENCES

NAME

ADDRESS/PHONE



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BANK REFERENCES

<i>Bank Name</i>	<i>Bank Contact Person</i>	<i>Acct. #</i>	<i>Phone Number</i>
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<i>Bank Name</i>	<i>Bank Contact Person</i>	<i>Acct. #</i>	<i>Phone Number</i>
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AGREEMENT REGARDING EXTENSION OF CREDIT

Applicant agrees to pay interest at the rate of 1.5% per month or 18% APR on all past due account balances.

(Customer initials _____)

Applicant agrees to pay all collection costs incurred to collect past due account balances. Collection costs include all reasonable attorney fees, collection agency fees, court costs, and legal fees.

(Customer initials _____)

Applicant agrees that should legal action become necessary to enforce collection of past due claims, jurisdiction and venue shall be in the Iowa district court in Bremer County, Iowa.

(Customer initials _____)

SIGNATURE

Applicant warrants that the information submitted in this credit application is true and correct.

Applicant authorizes Schumacher Elevator Company to contact bank references and trade references.

Name and Title

Signature

CREDIT DEPARTMENT USE ONLY

Date Line of Credit Approved: _____

Date Line of Credit Denied: _____