



Schmidt's Wholesale, Inc.

800-660-4455

PO Box 5100, Monticello, NY 12701
18 Industrial Drive, Florida, NY 10921
223 Broadway, Newburgh, NY 12550

CONFIDENTIAL CREDIT APPLICATION

DATE _____

COMPANY NAME _____

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ FAX # _____

ZIP CODE _____ EMAIL _____

WOULD YOU LIKE US TO FAX OR EMAIL INVOICES? _____

AMOUNT OF CREDIT REQUESTED: \$ _____

BUSINESS TYPE AND DATE ESTABLISHED: CORPORATION _____ PROPRIETORSHIP _____
PARTNERSHIP _____ OTHER _____

IF A CORPORATION, Names & Addresses of Officer's

NAME _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IF A PARTNERSHIP OR A PROPRIETORSHIP, Names & Addresses of Principals

NAME _____ SPOUSE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ SPOUSE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Application must be completed in its entirety to be considered for credit.

FINANCIAL INFORMATION

NAME OF BANK _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER: _____

CREDIT REFERENCES

NAME _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I AUTHORIZE PICK UP AND CHARGING OF MATERIAL BY:

Purchase Order _____ Phone Order _____ Other _____

Terms of Sale are as follows: Net 10th Prox. All invoices are due on or before the 10th of the month following the month of purchase. Past due invoices are subject to a 2% Monthly Service Charge, and if not paid within the following 30 days, may result in a closed account. A charge of 20% will be made for material accepted for return without original billing invoice.

We are the principals in the above business and each of us hereby personally and unconditionally guarantees any obligation of the company, both jointly and severally. We agree that we are primarily responsible and that you have the right to sue us in the event this matter is turned over to an attorney for collection, we agree to pay all costs and disbursements of collection, service charges, legal fees calculated at the rate of 1/3 of any amount due, whether or not suit is actually instituted, and any other expense which we incur as a result of attempting to collect. We also agree to the terms of the sale and waive notification of any amendment to the sales agreement. This guarantee is made in order to induce you to do business with the company named above.

We also authorize the use of Consumer Credit Reports for the purpose of credit evaluations.

Signature

Signature, Individually

Print Name Title

Print Name

Social Security Number

Social Security Number

Date

Date

Please mail to our Monticello location listed on the front or fax to (845) 794-6142