

SCHAEFER SUPPLY

BUFFALO
146-160 CLINTON STREET
BUFFALO, NY 14203
TEL: 716-853-2406
FAX: 716-852-3732

LOCKPORT
68 MARKET STREET
LOCKPORT, NY 14094
TEL: 716-438-2200
FAX: 716-438-9226

JAMESTOWN
132 BLACKSTONE AVENUE
JAMESTOWN, NY 14701
TEL: 716-665-5685
FAX: 716-665-5784

BATAVIA
204-214 ELLICOTT STREET
BATAVIA, NY 14020
TEL: 585-345-4000
FAX: 585-345-0265

WEST SENECA
1740 UNION ROAD
WEST SENECA, NY 14224
TEL: 716-677-6724
FAX: 716-677-6727

NIAGARA FALLS
4601 MILITARY ROAD
NIAGARA FALLS, NY 14305
TEL: 716-297-0030
FAX: 716-297-1031

SHOWROOM
4609 MILITARY ROAD
NIAGARA FALLS, NY 14305
TEL: 716-297-0030
FAX: 716-297-1031

APPLICATION FOR OPEN ACCOUNT – Return to Fax: 716-855-2395

LEGAL BUSINESS NAME _____

D/B/A _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ FEDERAL ID# _____

BUSINESS ADDRESS (if different) _____

PHONE _____ FAX# _____ ALTERNATE PHONE _____

TYPE OF BUSINESS _____ # OF YEARS ESTABLISHED _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ CREDIT LINE REQUESTED \$ _____

PERSON RESPONSIBLE FOR PAYABLES _____ PHONE _____

EMAIL ADDRESS: _____ FAX _____

INVOICES ARE TO BE: _____ MAILED _____ FAXED – FAX _____ EMAILED – EMAIL _____

PLEASE PROVIDE INFORMATION ON THE PRINCIPLES:

NAME _____ TITLE _____ SS# _____

ADDRESS _____ PHONE _____

NAME _____ TITLE _____ SS# _____

ADDRESS _____ PHONE _____

BONDING/INSURANCE COMPANY (necessary for line in excess of \$10,000):

NAME _____ PHONE _____

ADDRESS _____

BANK REFERENCES:

NAME _____ PHONE _____

ADDRESS _____ ACCOUNT# _____

TRADE REFERENCES:

NAME _____ CONTACT _____

ADDRESS _____ PHONE _____ FAX _____

NAME _____ CONTACT _____

ADDRESS _____ PHONE _____ FAX _____

NAME _____ CONTACT _____

ADDRESS _____ PHONE _____ FAX _____

This company employs the services of the collection agency, Commercial Collection Corporation of New York. The collection agency requires that we obtain full identifying information prior to extending credit. You further agree to be liable for all collection costs plus necessary legal fees incurred in the collection of your account.

THE FOLLOWING MUST BE COMPLETED PRIOR TO ACCEPTANCE:

Are there any suits, foreclosures, unsatisfied judgments, or tax arrears against you, or have you gone through bankruptcy or made a general assignment? _____ If yes, give details:

The customer agrees to notify this company promptly of any change in ownership, name, trade style, or address.

I/We understand and accept the terms of sale, and in the event of default, agree to pay all amounts due vendor, including attorney fees, interest, and court costs.

The above information, as well as that given on the reverse side, is for the purpose of obtaining credit, and is warranted to be true. I/We hereby authorize Schaefer Plumbing Supply Co., Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

I/We further agree to pay a monthly service charge of 1.5% on all amounts past due.

SIGNED BY _____ TITLE _____ DATE _____

SCHAEFER CONTACT _____

PERSONAL GUARANTEE

I/We personally guarantee payment of all obligation of _____ to Schaefer Plumbing Supply Co., Inc. including any collection fees, legal fees, and any other fees incurred to collect the balance due. I/We further agree that all finance charges will be paid in full.

X _____
SIGNATURE OF CORPORATE OFFICER

X _____
SIGNATURE OF CORPORATE OFFICER

TITLE

TITLE

X _____
DATE

X _____
DATE

FOR OFFICE USE ONLY

SALEMAN'S ID _____ CT _____ PC _____ ACCOUNT# _____

CREDIT LIMIT _____ DATE APPROVED _____ BY _____

SALESMAN/MANAGER COMMENTS _____

