



Date \_\_\_\_\_

Name of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_

Federal I.D. #: \_\_\_\_\_ D&B #: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Are you?  
Sole proprietorship: \_\_\_\_\_ SSN#: \_\_\_\_\_ DL #: \_\_\_\_\_

Partnerships: \_\_\_\_\_

Corporation: \_\_\_\_\_ Fed. ID# \_\_\_\_\_

**For Partnerships:**

Partner: \_\_\_\_\_ SSN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Partner: \_\_\_\_\_ SSN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Partner: \_\_\_\_\_ SSN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Partner: \_\_\_\_\_ SSN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**For Corporations:**

SSN of President or Owner : \_\_\_\_\_

State Where Incorporated : \_\_\_\_\_

President : \_\_\_\_\_

V.P. Finance : \_\_\_\_\_

Accounts Payable Supervisor : \_\_\_\_\_

Purchasing Agent : \_\_\_\_\_

Are P.O.'s required? \_\_\_\_\_ Are Job Names Required? \_\_\_\_\_

What is your anticipated monthly purchase amount? \_\_\_\_\_

Are you Tax Exempt? \_\_\_\_\_ If so, please attach an exemption certificate.

**CREDIT REFERENCES:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Account # : \_\_\_\_\_ Account # : \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Bank Reference:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Bank Reference:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

\_\_\_\_\_

**CREDIT INFORMATION AUTHORIZATION RELEASE:**

The information contained herein is for the purpose of purchasing merchandise from Schultz Communications, Inc.. The information disclosed herein is true, accurate and can be relied upon by Schultz Communications, Inc. Applicant hereby authorizes the release of credit and other financial information, including banking information, whether verbal or written, from the entities Applicant has specified in this Application to Schultz Communications, Inc.

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Title Date

The above named Firm hereby makes application for credit and provides the information contained herein, which is warranted to be true and correct, for the purpose of inducing SCHULTZ COMMUNICATIONS, INC. to make periodic sales of goods and equipment to it on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf; (2) all account balances payable in full within 30 days from date of invoice; (3) a finance charge equal to twelve percent (12%) per annum will be added to delinquent accounts; (4) all payments shall be made to SCHULTZ COMMUNICATIONS, INC. until payment in full has been received; (7) in the event of default of payment when due, all costs of collection, including attorney's fees and court costs, shall be paid by the applicant.

**APPLICANT**

\_\_\_\_\_  
by \_\_\_\_\_  
Title \_\_\_\_\_

=====

**GUARANTEE OF PAYMENT**

Dated: \_\_\_\_\_

To: \_\_\_\_\_ and to your agent and/or assignee

For value received, the receipt of which is hereby acknowledged, and in consideration of your advancing credit to

\_\_\_\_\_, Debtor, \_\_\_\_\_  
I/We, the undersigned, hereby personally guarantee the prompt payment to you of all the amounts now due and owing or which may hereafter become due and owing to you from said Debtor entity. Each of the undersigned hereby agrees that the liability for all sums guaranteed shall be a joint and several one. Liability of the undersigned shall not be effected or prejudiced by the additional acceptance of a note or evidence of indebtedness, the extension of time, payment arrangement or other indulgence granted to the Debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of all of the aforesaid. The filing of suit or exhaustion of collection or legal remedies against said Debtor shall not be a condition precedent to the enforcement of this guarantee and the undersigned hereby expressly waive(s) notice of default or non-payment, demand, presentment for payment, protest, notice of protest, or diligence. This Guarantee shall continue until you have received a notice of termination executed by the undersigned. Should the undersigned elect to terminate this guarantee, such termination shall not affect the liability of the undersigned as to accounts and amounts then owing from said debtor. In the event that suit is instituted on this Guarantee, the undersigned hereby agrees to pay all Court costs and such additional sum as the Court made deem reasonable as Attorney's fees. Guarantors agree that this Guarantee is made, entered into and payable at the offices of SCHULTZ COMMUNICATIONS, INC. Guarantors further agree that the liability under this Guarantee shall continue notwithstanding the filing of any petition by the Debtor under any provision of the Bankruptcy Act.

\_\_\_\_\_  
**GUARANTOR**

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Residence Phone

\_\_\_\_\_  
**GUARANTOR**

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Residence Phone



P.O. Box 1503  
314 North Ridge Loop  
Marble Falls, TX 78654  
830-693-4039  
[www.eschultz.com](http://www.eschultz.com)

**Please fax back to:  
New Accounts @ 830-693-7901.**