



**ACCOUNT CREDIT APPLICATION FORM**

Legal Name \_\_\_\_\_ Phone \_\_\_\_\_

DBA Name or Tradestyle \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at current address? \_\_\_\_\_  Rent  Lease  Own

Previous address if less than 2 years at current address \_\_\_\_\_

Type of business \_\_\_\_\_ FEIN# \_\_\_\_\_

*OWNERSHIP INFORMATION*

Check one of the following:

Partnership  Sole Proprietorship  Corporation –  Publicly held  Privately held  
Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Division or Subsidiary Name \_\_\_\_\_ Affiliate Name \_\_\_\_\_

*COMPANY PRINCIPALS, CORPORATE OFFICERS, SOLE PROPRIETORS, PARTNERS*

Name \_\_\_\_\_ Position \_\_\_\_\_ S.S. # \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ S.S.# \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ S.S.# \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ S.S.# \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*ACCOUNTING DEPARTMENT CONTACT*

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Do you require purchase orders?  yes  no

Have you or any of the principals been in a business or personal bankruptcy?  yes  no

Have you ever been involved in a legal action?  yes  no

Have you or are you doing business under any other name?  yes  no

If you answer yes to any of the above please provide details.

*Continued on next page*

## ACCOUNT CREDIT APPLICATION FORM

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Your Company's Legal Name

**FINANCIAL INFORMATION** Please provide information on all accounts.

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Bank Name		Account #
		Type of Account
Address		Phone
		FAX
City	State	Zip
Bank Contact Person		Their FAX

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Bank Name		Account #
		Type of Account
Address		Phone
		FAX
City	State	Zip
Bank Contact Person		Their FAX

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**INDUSTRY REFERENCES**

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Company Name		Contact Person
Address		Phone
		FAX
City	State	Zip

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Company Name		Contact Person
Address		Phone
		FAX
City	State	Zip

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Company Name		Contact Person
Address		Phone
		FAX
City	State	Zip

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**TERMS & RELEASE OF AUTHORITY TO VERIFY**

Terms for payment on open accounts with Joseph Schumacher, Ltd. d/b/a Schumacher Camera are NET 30 DAYS FROM DATE OF INVOICE. Finance charges are 1.5% per month, annual 18%.

I authorize you to obtain such information as you may require concerning the statements made in this application. I hereby declare that all statements in this application are true and complete. I agree to notify Schumacher Camera of any material changes in information reported in this application. In consideration of the extension of credit terms, the undersigned severally and/or collectively do personally guarantee the payment of all charges made by and/or on behalf of the applicants plus attorneys fees, court costs and all other costs of collection should collection be necessary.

The undersigned acknowledges that all sales, rentals and services are made in the State of Illinois and are subject to the laws and courts of the State of Illinois.

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Signed by: \_\_\_\_\_ Title \_\_\_\_\_

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Name ( print ) \_\_\_\_\_ Date \_\_\_\_\_