



Application for Credit

Office Use Only	
Approved	Denied

Baker-Shindler Ready Mix & Builders Supply
525 Cleveland Ave
Defiance, Ohio 43512
419-782-5080

Please complete and fax to 419-784-2643 or email to: carmen@baker-shindler.com

CUSTOMER INFORMATION

☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ SUBSIDIARY/PARENT CORP ☐ LLC

PRINCIPAL OR OWNER:			
DBA:			
BILL TO ADDRESS:			
CITY:		STATE:	ZIP:
TELEPHONE NUMBER:		FAX NUMBER:	
CELL PHONE NUMBER:		EMAIL:	
DRIVER'S LICENSE NUMBER		STATE:	
ACCOUNTS PAYABLE CONTACT:		PHONE NUMBER:	
ACCOUNTS PAYABLE EMAIL:			
FEDERAL ID #		SS#	
TAXABLE	<input type="checkbox"/>	NON-TAXABLE	<input type="checkbox"/>
PLEASE FAX OR EMAIL TAX EXEMPT FORM TAX WILL BE ADDED UNTIL EXEMPT FORM IS ON FILE.			
Web Site:			
ALL INVOICES/ STATEMENTS ARE EMAILED OR FAXED. PLEASE SPECIFY YOUR PREFERENCE			
BELOW BY CHECK MARKING THE APPROPRIATE BOX NEXT TO THE OPTION			
FAX	<input type="checkbox"/>	EMAIL	<input type="checkbox"/>

Estimated Monthly Purchases: \$ _____ Amount of Credit Requested: \$ _____

BANK INFORMATION

Bank

NAME OF INSTITUTION:		ACCOUNT NUMBER:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:		FAX NUMBER:
BANK OFFICER		

Credit Card # _____/_____/_____/_____ CVS # _____ Expiration Date _____

Credit card Billing Address _____

Credit Card # _____/_____/_____/_____ CVS # _____ Expiration Date _____

Credit card Billing Address _____

PAYMENT DUE WITHIN 30 DAYS OF INVOICE DATE

The undersigned authorizes you to charge outstanding balance to the noted credit card if not paid within specified terms and/or as requested by the client. Accounts not paid by due date are subject to an interest charge from date of maturity at the rate of 1 1/2% monthly Finance Charge (18%) percent per annum as shown on invoices.

Client Signature _____ Date _____

Client Name(print) _____ Title _____

TRADE REFERENCES (PLEASE LIST TWO TRADE SUPPLIERS WITH WHOM YOU ARE CURRENTLY USING)

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

I understand all accounts with Baker-Shindler are due within 30 days of the invoice date. All past due invoices are subjected to a 1 1/2% monthly Finance Charge (18%) per annum) which I personally guarantee to pay. Late payments and/or disregard to Baker-Shindler's terms can result in charging privileges to be revoked.

The undersigned does individually guarantee payment of this account. In the event that this account becomes delinquent, the applicant agrees to pay all reasonable expenses and collection fees, including attorney fees, should litigation become necessary.

Applicant Signature

Date

Printed Name

Received by- Office use only