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Credit Application & Sales Agreement

- New Home Home Remodel Business Remodeler
 New Commercial Commercial Remodel Municipality Other:

8900 Wicker Ave. (US 41) St. John, IN 46373 (219) 365-8585 FAX (219) 365-6012 Toll Free 888-365-6005 www.SchillingBrothers.com

Account Information *Circle One: Personal Home Pre-Sold Model Spec Multi-Family*

Full Company Name/ Individual (Legal Name)		Phone #	
Address		Mobile #	
City	State	Zip	Fax #

Property Location *Attach Legal Description*

Property Address	City	County	State	Zip
Subdivision Name:		Property Pin #		

Property Owner Information *(Property owner of each job address must be verified prior to shipments)*

Property Owner(s) Legal Name (as appears on deed)	Phone #	Fax #
Owner(s) Address	City	State Zip

Bank Information *Will there be a construction loan?* Yes No

Bank Name & Branch	Loan Officer	Phone #
Address	City	State Zip

Title Company Information

Title Company Name & Branch	Contact
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Contractor Information

Contractor Name	Contact
Address	Phone # Fax #

Company Information

Doing Business As (DBA)	Business Phone #	Business Fax #
Billing Address	City	State Zip Mobile Phone #
Federal Tax ID	State of Incorporation	Year Business Established
Company Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other:		
No. of Employees	Type of Business/ Services offered	
E-Mail Address(es)	Website:	

Schilling Salesperson: _____ Kitchen Designer: _____

FOR OFFICE USE ONLY: (version 5.23.09) Employee Receiving Application: _____ Date: _____	
Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Owner Match: <input type="checkbox"/> Yes <input type="checkbox"/> No
A/R Manager _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Additional Info Required
Notes: _____	
Account # _____ Job: _____ Sort Name: _____ Credit Limit: _____ DCL: _____ Global Check: _____	
Date Account Processed: _____ Opened by: _____ Codes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Terms of sale:

It is our standard procedure to pre-lien and lien property as required by the laws of Indiana and Illinois.

- Prices on estimate are subject to change (Check with your salesperson to confirm pricing)
- Quantities on estimates are for estimating purposes only and are in no way to be considered a contract- Quantities needed to complete your job may be greater or less than those estimated.
- All Special Orders are NOT Returnable (Please verify all purchases at time of order)
- Schilling delivery charges will be waived on all deliveries over \$750
- Stock material picked up by Schilling will be charged a pick up/restocking charge and *must be in resalable condition*
- This account will not have restricted access and company/individual will be responsible for all charges unless we are notified in writing of all individuals who are/are not allowed to make charges
- We do not accept credit cards for payment on accounts

New Construction & Remodel Accounts:

Proof of Ownership- Property owners of all sub-accounts must be confirmed by this office before account may be opened.

- Any information that would help speed this process should be submitted with this application (warranty deed, etc.)

Payment Terms: Net 15th Prox, Finance Charge 1.5% / 30

Payment is due the 15th of each month.

A 1.5% finance charge will be charged on all balances not paid by the 30th of each month.

Draws Required on New Construction Projects if not paid Cash/Net 15th (Draws are charged finance charges if not paid according to above terms):

- 1st draw - Under Roof
- 2nd draw - Windows in and insulated
- 3rd draw - Finished Interior (Trim, etc.)

Notify accounting at 219-365-8585 of availability of your draw payment- failure to do so on time will result in additional finance charges and/or penalties. Or fax notification to 219-365-6102- attention: Accounts Receivable.

Requested Credit Amount \$ _____

Authorized Signers: _____

All balances are to be paid by the above stated terms, otherwise the account will be closed and collection process will begin.

I agree that I shall be personally liable for all merchandise charged to this account whether charged by myself, my employees or former employees, or other persons who I have not given advance written notice to Schilling.

I grant permission to check my bank/financial institution and trade references not just at the time of setting up of the account but from time to time.

I grant permission to check the personal credit history of any individual or principal.

I certify that by signing below, the information that has been provided is true and correct and that it will be used and based to make the credit decision.

I agree to be bound by the terms and conditions on the Credit Application.

A faxed application will be deemed as original.

I agree that any and all sub-accounts (addresses to which I request material to be ordered for/ delivered to) are part of this account and will be subject to these same terms and conditions.

No oral agreements or modifications will be accepted or effective.

In the event of default, it is agreed I/we shall pay the costs of collection, including reasonable attorney fees, mediation and court costs.

In the event of dispute the laws of the state of Indiana will apply and in which Indiana would be the forum for the court proceedings.

I certify, under penalty of law, that I am the legal owner of the above listed company, authorized to sign this contract and agree to be bound by all conditions of this application and laws.

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THIS IS TO INFORM YOU THAT YOU ARE AUTHORIZING THIS ORGANIZATION AND/OR ITS SUPPLIERS TO OBTAIN A CONSUMER AND/OR BUSINESS PROFILE CREDIT REPORT. YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION ON THIS REPORT AND REQUEST ADDITIONAL DISCLOSURES PROVIDED UNDER SECTION 606§1681d(b) OF THE FAIR CREDIT REPORTING ACT, AND A WRITTEN SUMMARY OF YOUR RIGHTS PURSUANT TO SECTION 609(c).

Name (Print): _____

Name (Print): _____

Authorized Signature: _____

Authorized Signature: _____

Title: _____ **Date:** _____

Title: _____ **Date:** _____

The Schilling Family Thanks You for Your Business!

