



## Confidential Credit Application

Thank you, for choosing Scottdel as your cushion supplier. In order to establish a line of credit, we ask that you share some information about your organization with us. ***Any information provided to us will be kept in the strictest of confidence.***

Complete the following 2 page form and FAX to 419.825.1523 or mail to:

Scottdel Inc.  
Attn: Hal Gearig, Credit Manager  
400 Church St  
Swanton, OH 43558-1199

**NOTE: Include a copy of your latest financial statement. An incomplete credit application will most likely be returned for insufficient information regarding your requested credit limit with us.**

The credit approval process begins immediately upon submission of this form. Feel free to call me at 800.446.2341 if you have any questions, or send me an e-mail at [hal@scottdel.com](mailto:hal@scottdel.com). Otherwise you will be contacted via phone for final approval, as soon as possible.

Thank you,

A handwritten signature in black ink that reads 'Hal Gearig'.

Hal Gearig,  
Credit Manager

# SCOTTDEL Confidential Credit Application

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Contact Person's E-mail: \_\_\_\_\_

Year Established: \_\_\_\_\_

Business is: **(circle one)** (Corporation) (Partnership) (Sole Owner)

Type of Business: **(circle one)** (Retail) (Wholesale Flooring) (Building Supplies)

Other: (specify) \_\_\_\_\_

Requested Credit Line \$: \_\_\_\_\_

## Trade References

### 1st Reference

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_

### 2nd Reference

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_

### 3rd Reference

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_

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## 4th Reference

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_

## Bank Reference

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_

## OWNERSHIP OR MANAGEMENT STRUCTURE

### Print Name

CEO or President: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

CFO or Controller: \_\_\_\_\_

Other key persons: \_\_\_\_\_

### Circle One

Stockholder: Yes No

Stockholder: Yes No

Stockholder: Yes No

Stockholder: Yes No

Stockholder: Yes No

Have there been any judgements, liens or other various encumbrances that have effected your course of Business? **Yes or No** If yes, Please explain: \_\_\_\_\_

By signing this application, I believe that my company is financially able to meet any commitments that we currently have and or make and we expect that invoices outstanding will be paid in accordance to the agreed upon terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

**NOTE: Please include a copy of your latest financial statement. An incomplete credit application will most likely be returned for insufficient information regarding your requested credit limit with us.**



## Credit Card Payment Form

**Complete form and fax to Scottdel, Attn: Hal Gearig, Credit Manager at 419.825.1523**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Payable Contact: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Type of Credit Card (circle one):    VISA                      MasterCard

Pay the following invoices:

Terms: \_\_\_\_\_

| Invoice Number | Invoice Amount | Discount | Total Payment on Invoice |
|----------------|----------------|----------|--------------------------|
| _____          | \$ _____       | \$ _____ | \$ _____                 |
| _____          | \$ _____       | \$ _____ | \$ _____                 |
| _____          | \$ _____       | \$ _____ | \$ _____                 |
| _____          | \$ _____       | \$ _____ | \$ _____                 |
| _____          | \$ _____       | \$ _____ | \$ _____                 |

**Total Charge to be placed on credit card \$ \_\_\_\_\_**

**Authorization Signature:** \_\_\_\_\_



In order for Scottdel Inc, to better serve you with deliveries please fill out the following information:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pricing Contact: \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

AP Contact: \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

Delivery Contact: \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

Delivery Hours:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

Circle Trailer sizes you are **UNABLE** to take for deliveries:

45            48            53            53            Drop Frame

Special requests for delivery (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BLANKET SALES AND/OR USE TAX RESALE (EXEMPTION) CERTIFICATE**  
**Complete form and fax to Scottdel, Attn: Hal Gearig, Credit Manager at 419.825.1523**

Purchaser hereby certifies to the Seller, Scottdel Inc. 400 Church Street, Swanton, Ohio:

1. Purchaser holds valid Registration or Permit Number \_\_\_\_\_ issued under the Retail Sales and/or use Tax Act of the State, County, or City of \_\_\_\_\_  
(State - County - City)
2. That the tangible personal property purchased on each order we shall give unless such order shall otherwise specify, and until this notices is revoked by us in writing, is purchased for the following indicated use:
  - \_\_\_\_\_ Resale without change in form
  - \_\_\_\_\_ To be incorporated as a material or component part of other tangible personal property to be produced by the undersigned by manufacturing, processing fabricating, assembling, or refining and to be subsequently resold to others.
  - \_\_\_\_\_ Foreign Commerce.
  - \_\_\_\_\_ Other (Describe fully-must have sanction of the applicable State, County or City Law)  
\_\_\_\_\_  
\_\_\_\_\_
3. The undersigned purchaser further certifies that he or she assumes liability for payment of the tax if he or she uses or consumes the property herein purchased in such manner as to render such use subject to tax.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Primary Contact Person/Title: \_\_\_\_\_

Primary Contact Person's E-mail: \_\_\_\_\_

Primary Contact Person's Signature: \_\_\_\_\_

(Regulations provide that certificates must have registration number, address and signature in order to be effective)