



**SCHILLER**  
 GROUNDS CARE

**Credit Application**

<b>APPLICANT INFORMATION – Full Legal name and address of Business – Corporation, Partnership, Trust, Sole Proprietorship, or Municipality</b>			
<b>Business Name</b>	<b>DBA</b>	<b>Federal Tax ID Number</b>	
<b>Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (If different)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Business Phone #</b>	<b>Fax #</b>	<b>Email Address</b>	
<b>State of Incorporation/Formation/Registration</b>		<b>Date of Incorporation/Formation</b>	
<b>Type of Business:</b>			
<input type="checkbox"/> S Corp	<input type="checkbox"/> C Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust
<input type="checkbox"/> Municipality			
<b>Are you part of a cooperative group?</b>			
<input type="checkbox"/> True Value	<input type="checkbox"/> Ace	<input type="checkbox"/> Orgill	<input type="checkbox"/> Do it Best
<input type="checkbox"/> Other:			

<b>Primary Applicant Information – Primary Officer, Partner, Member, or Municipal Contact Information (Required for all applications submitted on behalf of an organization)</b>					
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Title</b>	<b>DOB</b>	<b>Social Security #</b>
<b>Physical Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Mailing Address (If different)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>		<b>Mobile Phone #</b>		<b>Email Address</b>	

<b>Officer Information – Names and titles of all officers of corporation</b>	
<b>Name</b>	<b>Title</b>
<b>Name</b>	<b>Title</b>
<b>Name</b>	<b>Title</b>
<b>Name</b>	<b>Title</b>

<b>Branch/Location Information – If you have additional branches or store product at other locations please provide Locations &amp; Address</b>		
<b>Branch Name</b>	<b>Physical Address</b>	<b>Check if Inventory Stored this location</b> <input type="checkbox"/>
<b>Branch Name</b>	<b>Physical Address</b>	<b>Check if Inventory Stored this location</b> <input type="checkbox"/>

Financial Information and Bank/Loan References				
Annual Gross Sales	Net Income	Net Worth	Year of Most Recent Tax Return	
Bank Name	Address	Account #	Phone #	Contact Name
Bank Name	Address	Account #	Phone #	Contact Name
Trade Reference	Address	Phone #	Fax #	
Trade Reference	Address	Phone #	Fax #	
Trade Reference	Address	Phone #	Fax #	
<i>Please submit a sales exempt or resale certificate along with the two most recent years of accountant prepared corporate and/or personal financial statements with this application.</i>				

**AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION**

As used in this Application, "applicant" means and includes (except as the context otherwise requires) each individual signing this Application as applicant or as a partner in applicant. Applicant hereby offers this information to Schiller Grounds Care, Inc. to induce consideration for credit. Applicant hereby acknowledges and agrees to all terms within this request. Applicant certifies that the information submitted is true and correct. Applicant understands that Schiller Grounds Care, Inc. may, in its sole discretion, grant credit, deny credit, decrease credit limits or increase credit limits. Applicant represents and warrants to Schiller Grounds Care, Inc. that all transactions will be solely for commercial purposes and will not be subject to any laws applicable only to consumer transactions, and applicant waives all requirements of any such laws. Applicant authorizes Schiller Grounds Care, Inc. to investigate applicant's credit background in connection with this Application and in connection with credit decisions made by Schiller Grounds Care, Inc. from time to time in the future. Such investigation may include information from Schiller Grounds Care, Inc. own sources, including industry trade groups and associations, as well as information from sources provided by applicant. Applicant authorizes its bank and any other institution or agency with which it has financial arrangements to release to Schiller Grounds Care, Inc. financial and other information regarding applicant. **Each individual signing this Application as applicant (if applicant is a sole proprietorship) or as a partner in applicant (if applicant is a partnership), authorizes Schiller Grounds Care, Inc. to obtain a consumer credit report on that individual and to use that report and all information contained therein or otherwise obtained from a consumer reporting agency in the credit evaluation process as Schiller Grounds Care, Inc. deems necessary or appropriate from time to time. Each such individual, further, instructs and authorizes any consumer-reporting agency to furnish a consumer report on such individual to Schiller Grounds Care, Inc.**

Authorized Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

Please fax the completed application to the Acct. Dept. at (920)-699-6836 or e-mail to [accountsreceivable@schillergc.com](mailto:accountsreceivable@schillergc.com)

**FOR INTERNAL PURPOSES**

<b>CUSTOMER #</b>	<b>CUSTOMER NAME</b>		
<b>SALES REPRESENTATIVE</b>			
<b>SALES ORDER PENDING (Y/N)?</b>	<b>AMOUNT \$</b>	<b>EXPECTED SHIP DATE</b>	
<b>PROJECTED ANNUAL SALES VOLUME FOR THE NEXT THREE YEARS FOR SCHILLER GROUNDS CARE</b>			
20	\$ _____	20	\$ _____
20	\$ _____	20	\$ _____
<b>REMARKS - WHY RECOMMEND AS A DEALER</b>			
<b>RSM APPROVAL</b>		<b>DATE</b>	
<b>VP SALES APPROVAL</b>		<b>DATE</b>	
<b>ACCOUNTING APPROVAL</b>	<b>DATE</b>	<b>AMOUNT</b>	<b>UCC REQUIRED?</b>