



P.O. BOX 232 • GONZALES, TEXAS 78629 • PHONE (830) 672-2018 • FAX (830) 672-7373

Dear Valued Customer,

Welcome and thank you for your interest in our products and services. Here at Schmidt & Sons, Inc., we deliver high-quality, responsive service to all of our customers. Your interest in our company tells us that we have fulfilled our customers' needs by providing quality products and responsive service.

Before we can establish an account, we require all new customers to complete the enclosed application. The application must be completed to its entirety, along with any additional forms that may pertain to the type of account requested. The application and forms must be signed by an owner or operating principal of the company. Please provide a copy of the signer's driver's license with your application. Your application will not be processed until all necessary forms are received.

**IMPORTANT** - *An application signed by a General Manager, Service Manager, or Operations Manager will not be accepted, unless the application is accompanied by a letter signed by the owner of the company, giving this person legal authority to make financial decisions on their behalf. A copy of the owner's driver's license will need to accompany the application as well.*

Please email your completed application to [credit@schmidtsons.com](mailto:credit@schmidtsons.com) or fax to (830) 672-7373.

Thank you for choosing Schmidt & Sons, Inc., and we look forward to serving you and your business in the future!

Sincerely,

Accounting Department



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

Schmidt & Sons, Inc. Sales Rep: \_\_\_\_\_

**COMPANY INFORMATION**

Full Legal Business Name: \_\_\_\_\_

d/b/a (if applicable): \_\_\_\_\_

Legal Form of Business:  Corporation  Partnership  Proprietorship

Taxable  Non-Taxable Tax I.D. Number: \_\_\_\_\_

*If your purchases are to be tax exempt, please attach a copy of your current resale tax certificate to the application or complete the Texas Sales and Use Tax Resale Certificate form provided. If neither of those certificates are received, your company will be charged tax on all purchases.*

Business Type: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Store Hours: \_\_\_\_\_

Purchase Order Required:  Yes  No

**Name of Company Principals(s) Responsible for Business Transactions:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Billing Address:**

**Shipping Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRADE REFERENCES**

Company Name	Phone Number	Fax Number	Account Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**BANK REFERENCE**

Institution Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I authorize Schmidt & Sons, Inc. to contact the above listed trade and bank references, and any other source Schmidt & Sons, Inc. deems necessary to verify the statements made herein.



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CREDIT ACCOUNT [ ] NET 30 DAY [ ] 30 DAY ACH [ ] 10 DAY ACH [ ] NET 10TH PROX.

Agreed Payment Terms must be signed by an Owner or Operating Officer of the Company

I / WE the below signed do acknowledge and accept Schmidt & Sons, Inc. payment terms that all invoices on this credit account are due and payable in Net 30 Day, 30 Day ACH, 10 Day ACH, or Net 10th Prox. Interest will be charged on all past due balances at a rate of 1 1/2% per month. There is a 15% restocking fee on any or all items returned. It is expressly agreed that all obligations of the parties created herein are performable.

If the purchaser opts to utilize a third party payment processor, the purchaser / account holder remains the liable party for any and all indebtedness on the account established in this agreement. It is expressly agreed that all obligations of the parties created herein performable. The above information is for the purpose of obtaining credit and is warranted to be true. I acknowledge that the owner(s) and or company's consumer credit file may be requested from a credit reporting agency in order to establish credit with Schmidt & Sons, Inc. The undersigned hereby authorizes the above listed references to release such information as necessary to establish credit with Schmidt & Sons, Inc. I / WE further agree and stipulate that this contract is made entered into, and enforceable in Gonzales, Gonzales County, Texas and that all questions concerning the validity, interpretation, or performance of any contract terms or provisions, or of any rights or obligations of the parties hereto, shall be deemed to have arisen in Gonzales County, Texas and shall be governed by and resolved in accordance with the laws of the State of Texas. I / WE consent to such venue in Gonzales County, Texas and waive the right, if any, to assert venue in any other state or country. Should this account become delinquent, I / WE will be responsible for any and all legal fees, court cost and collection charges. I understand and agree that all bills & invoices shall be due & payable as follows:

Print Title Signature Date

COD ACCOUNT [ ] COD BY CHECK [ ] COD BY CREDIT CARD

COD Terms must be signed by an Owner or Operating Officer of the Company

In consideration of goods being sold Cash of Delivery to the above named company, I understand and agree that transfer of product will not occur if funds are not presented at time of delivery. Schmidt & Sons, Inc. will provide necessary payment amount information prior to delivery. I agree to pay a service charge of \$50.00 should any checks written be presented as non-sufficient funds and I personally guarantee all indebtedness which may occur as a result of non-sufficient funds checks. I also agree that Schmidt & Sons, Inc. may at its sole discretion require payment by cash, cashier's check or money order. There is a 15% restocking fee on any or all items returned.

I certify that all information given is correct and that I have the authority to enter this agreement in the name of the company.

Print Title Signature Date

PERSONAL GUARANTEE (Optional)

In consideration of goods being sold on an open account, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, completed and continuing one, and no notice of the indebtedness already or hereafter contracted be given. The terms may be rearranged, extended and/or renewed without notice to me. I will be responsible for any and all legal fees, court costs and collection charges incurred in the collection of all balances due. I will within five (5) working days from the date of notice that the account is past due, pay the full amount.

Guarantor (Print): Date of Birth: Social Security #:

Address: City, State & Zip

Guarantor (Signature) Title Date



## Cease All Credit Card Authorization Form

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

Acct. # \_\_\_\_\_  
*(Schmidt & Sons, Inc. Office Use)*

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### Credit Card Information

Name of Business: \_\_\_\_\_

Name of Card Holder (please print) \_\_\_\_\_

Card Type: [ ] MasterCard [ ] American Express [ ] Visa [ ] Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

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### Credit Card Transaction Receipt Preference

By Email: Email Address: \_\_\_\_\_

By Mail: Mailing Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

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I authorize Schmidt & Sons, Inc. to charge the above referenced credit card for all purchases made on our account until formal notice in writing is given to cease charges to our credit card account.

\_\_\_\_\_  
Cardholder or Authorized User (Signature)

\_\_\_\_\_  
Date

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Email to: [credit@schmidtsons.com](mailto:credit@schmidtsons.com) or Fax (830) 672-7373



**AUTHORIZATION AGREEMENT DIRECT  
PAYMENTS (ACH DEBITS)**

I/WE hereby authorize Schmidt & Sons, Inc. hereinafter called COMPANY, to debit entries to my/our account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I/WE acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Name of Financial Institution Branch

\_\_\_\_\_  
Address City / State / Zip Code

\_\_\_\_\_  
Routing / Transit Number Account Number Type of Account: Checking [ ] Savings [ ]

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Owner or Operating Officer for the Company (Print) Signature Date

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

**Schmidt & Sons, Inc. Office Use Only**

\_\_\_\_\_  
Keith Schmidt, President Date Federal ID No. 74-2143966

\_\_\_\_\_  
Terms Discount SSI Account #

Completed by \_\_\_\_\_ Date \_\_\_\_\_