



SCHERMERHORN BROS. CO.
FAX 630-627-1185

CREDIT APPLICATION / RESALE CARD

Firm Name _____
Address _____ City/State _____ Zip _____
Phone _____ Fax _____ Accts. Payable Contact _____
Corporation _____ Partnership _____ Individual _____

Years in Business _____ Tax Exempt? No _____ Yes _____ **If yes, you must complete the bottom portion of this form.**

Bill To: Name _____
Address _____

Ship To: Name _____
Address _____

References

Bank _____ Acct # _____ Fax _____ Contact _____
Trade 1) _____ Fax _____
Trade 2) _____ Fax _____
Trade 3) _____ Fax _____

...for the purpose of establishing credit with SCHERMERHORN BROS. CO., I hereby authorize the person to whom this application is made, or any credit bureau or other investigative agency employed by such person, to investigate any references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

By _____
Signature of Applicant _____ Title _____
Print Name _____ Date _____

RESALE TAX EXEMPTION:

This certifies that all purchases by the undersigned from SCHERMERHORN BROS. CO. are to be used for resale and are therefore exempt from State Sales, Excise and Use Tax.

The undersigned holds a valid sales tax account # _____
issued by the state of _____

Signed _____ by _____
Company Signature
Address City, State, Zip Code