

# CLOSNER EQUIPMENT CO. INC.

21910 FM 2252

Schertz, TX 78154

## APPLICATION FOR CREDIT

(THE FOLLOWING INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE)

Forward completed application to [timhaecker@closner.com](mailto:timhaecker@closner.com) or fax to 210-732-0706 for processing.

For questions when completing this form call 210-732-2131.

Company or Individual Name

Physical Address

DBA Trade Name

City, State, Zip Code

Phone Number

Billing Address

Fax Number

City, State, Zip Code

Website

Accounts Payable Contact

Accounts Payable Phone Number

Accounts Payable Email Address

### BUSINESS INFORMATION

\_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

Length of time in business \_\_\_\_\_  
(If less than 3 years, provide Individual Personal Guaranty information and sign on 2nd page under Personal Guaranty)

Federal Employer ID Number: \_\_\_\_\_ State Incorporated \_\_\_\_\_

Dun and Bradstreet number \_\_\_\_\_ Has the company ever filed for bankruptcy? \_\_\_\_\_

If Partnership or LLC, list partners / members: \_\_\_\_\_

### BANKING INFORMATION

Bank Name

Bank Phone Number

Address

City

State

Zip Code

Bank Officer or Contact

Bank Account Number

### ACCOUNTING INFORMATION

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

Are you tax exempt? \_\_\_\_\_

Do you require a purchase order? \_\_\_\_\_

Resale Tax Exempt Certificate No: \_\_\_\_\_

(We must have the tax exempt certificate on file PRIOR TO purchase or sales tax will be added to invoice)

### TRADE REFERENCES

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

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

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No / Fax No: \_\_\_\_\_

Phone No / Fax No: \_\_\_\_\_

Acct No: \_\_\_\_\_

Acct No: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No / Fax No: \_\_\_\_\_

Phone No / Fax No: \_\_\_\_\_

Acct No: \_\_\_\_\_

Acct No: \_\_\_\_\_

**KEY CONTACTS**

President	Phone Number	Email Address
Equipment Manager	Phone Number	Email Address
Purchasing Contact	Phone Number	Email Address

**TERMS AND AGREEMENT: (Must be signed for account processing)**

The undersigned (Customer), in consideration for Closner Equipment Co., Inc. extending commercial credit based upon the information furnished, warrants and agrees: Payment is due 30 days from date of invoice. Statements are sent as a courtesy. Invoices not paid when due will have a finance charge of 1.5% per month assessed. Any disputed invoice must be brought to the attention of the corporate office of Closner Equipment within 15 days of receipt of the invoice or the invoice will be deemed as correct and undisputed. If collection of the amounts due require the assistance of a collection agency or attorney, suit is brought, or it is enforced through any judicial proceeding, the Customer agrees to pay all costs and collection expenses, including reasonable attorney's and/or collection costs. Closner Equipment Co., Inc. reserves the right to bring legal action in whatever jurisdiction Closner Equipment deems necessary. The undersign warrants they are authorized to execute this agreement; they are authorizing Closner Equipment to make whatever credit inquiries it deems necessary in connection with this agreement. Bank and trade references can accept this authorization to disclose to Closner Equipment Co., Inc. their credit history.

**ALL EQUIPMENT REMAINS THE PROPERTY OF THE SELLER UNTIL THE TOTAL BILL IS PAID. LIEN RIGHTS REMAIN THE PRIVILEGE OF THE SELLER (CLOSNER EQUIPMENT CO INC)**

Authorized Name: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Title of Authorized: \_\_\_\_\_  
Date: \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTY**

The undersigned guarantor(s), for and in consideration of Closner Equipment Co., Inc. extending credit at my/our request to the Customer named above, in which I/we have a financial interest, jointly, severally, and unconditionally personally guarantee prompt payment and performance of any obligations by Customer to Closner Equipment whether now existing or hereinafter made and further agree to bind my/ourselves to pay on demand any sum which is due by Customer to Closner Equipment whenever Customer fails to pay the same. If collections of the amounts due requires the assistance of a collection agency or attorney, suit is brought, or it is enforced through any judicial proceeding, I/we agree to pay all costs and expenses of collection, including reasonable attorney fees plus any other reasonable expenses incurred by Closner Equipment in exercising any of Closner Equipment's rights and remedies. I/we authorize Closner Equipment to make whatever credit inquiries it deems necessary in connection with this agreement.

Guarantor's Printed Name: \_\_\_\_\_  
Guarantor's Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

Guarantor's Printed Name: \_\_\_\_\_  
Guarantor's Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

**CLOSNER EQUIPMENT USE ONLY**

Credit Line Requested: \_\_\_\_\_ Credit Line Approved: \_\_\_\_\_  
Department: \_\_\_\_\_ Account ID: \_\_\_\_\_  
Sales Representative: \_\_\_\_\_ Date Entered: \_\_\_\_\_  
Approved By: \_\_\_\_\_