## CHARLES M. SCHAYER CO.

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P.O. Box 17769
Denver, CO 80207
Tel: 303-399-5160
Fax: 303-329-9604
www.schayer.com

## **CREDIT APPLICATION**

Date		]				
Full Legal name o	DBA Address: City: State Zip Tel: Fax:	y Web Site Addre	ess:			
Choose your com	pany type fro	m this drop down	ı list:		Corp, LLC, etc	
BUSINESS CREI	DIT INFORM	ATION				
Federal Tax ID no.		Years business established:				
Years at this location			Credit line requ			
BANK REFEREN	ICES					
Bank Name Contact Address City State Zip Code				Account no. Phone		
CREDIT REFERE	ENCES					
Company Name Address City/State/Zip				Contact Telephone		
Company Name Address City/State/Zip				Contact Telephone		
Company Name Address City/State/Zip				Contact Telephone		

## PLEASE PRINT THE FULL NAMES OF OFFICERS OR OWNERS AND TITLES. INCLUDE THE SOCIAL SECURITY NUMBERS OF OWNERS IF APPROPRIATE.

Name Home Address City/State/Zip			Title S.S#		
Name Home Address City/State/Zip			Title S.S#		
Name Home Address City/State/Zip			Title S.S#		
Payment terms are 1	5 days upon receip	t			
Does your company h	ave any special requ	irements for bill? If so pleas	e indicate be	elow.	
invoices, If our company is un past due balances. If litigation general lien on any and all pro expenses or advances incurre	able to pay or refuses to pay or collection procedures beca perty (and documents relatin- ed connection with any shipm d mail), goods thereof as may	agree to pay your company according invoices as they become due, your co ome necessary our company agrees to g thereto) in its possession, custody o ents and if such claims remains unsation be necessary to satisfy such lien and	mpany will chargo pay expenses. r control or en rousfied for 30 days	e 2% per month interest on all Your company shall have a ute for all claims for charges, your company may sell upon 10	
This application must be sig	ned by an Officer or Owner	r of the Business			
			7		
Sign Name		Print Name		Title	
Olar Name		Driet Manage		Titl	
Sign Name		Print Name		Title	
Sign Name		Print Name		Title	
\$					
Approval Amou	nt	Approved By		Date	