

# Sourcewell

Stafford-Smith, Inc.  
3414 South Burdick Street  
Kalamazoo, MI. 49001  
Phone: 800-968-2442 Fax: 269-585-6201

[sgrusell@staffordsmith.com](mailto:sgrusell@staffordsmith.com) - Sue Grusell ext. 1003

## Application for Business Account

Date \_\_\_\_\_ Salesperson \_\_\_\_\_

Amount of sale \_\_\_\_\_

**\*\*\*\*Must complete entire form to establish an open account**

### Billing Information

Corporate/ \_\_\_\_\_

DBA Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Tax Type Taxable \_\_\_\_\_ Non Taxable\* \_\_\_\_\_

**\*Tax exemption certificate must accompany this information sheet if non-taxable**

Accounting Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Location that order is being received and/or work being performed

Name (if differs from above) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Phone \_\_\_\_\_ Site Fax \_\_\_\_\_

County \_\_\_\_\_

Building is: Leased \_\_\_\_\_ Owned \_\_\_\_\_

Number of Years In Business \_\_\_\_\_ Fed ID # \_\_\_\_\_

If owned, property in name of: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Property is rented from \_\_\_\_\_ Address \_\_\_\_\_

**Bank Information**

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ Savings Acc \_\_\_\_\_

**Trade References**

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

If you are a representative of a school, university, municipality or other governmental agency, you do not have to complete the information in the section below. Please sign the document at the bottom and return.

<b>Principals/ Owners Name</b> _____		<b>S.S. #</b> _____	
<b>Drivers License #</b> _____		<b>Date of Birth</b> _____	
<b>Home Address</b> _____			
<b>Principals/ Owners Name</b> _____		<b>S.S. #</b> _____	
<b>Drivers License #</b> _____		<b>Date of Birth</b> _____	
<b>Home Address</b> _____			
Does the company own real property? If yes, please list address _____			
Does the Individual own real property? If yes, please list address _____			

**Agreement**

The above information is for purpose of establishing a business account with Stafford-Smith, Inc. and will be held in the strictest confidence. I (we) authorize Stafford-Smith, Inc. to procure any report and/or obtain any information it deems necessary to determine my/our credit history. I (we) understand that inquiries may be made to various Federal and State agencies, employers, references and others seeking information as to my/our credit worthiness. I (we) agree to the terms set forth by Stafford-Smith, Inc. in regard to billing and payment of invoices for equipment received, stored on my/our behalf or services rendered. Invoices not paid according to those terms are subject to a time price differential of 1.5 % monthly. If any sums shall not be paid when due under this agreement, Stafford-Smith, Inc. may, at its option, declare all sums owing immediately due and may refer the account to its attorney for collection. It is agreed that any litigation arising out of an unpaid balance shall be in the State of Michigan, whose law shall apply. I (we) agree to pay actual attorney fees incurred for the cost of collection together with the unpaid balance. Stafford-Smith, Inc. reserves the right to change the terms of this agreement at its discretion. I (we) authorize Stafford-Smith, Inc. to file a financing statement and/or fixture filing describing the collateral. Warranties are conditioned on your paying the full purchase price for the equipment.

**Guarantee for Corporation:** For valuable consideration, I (we) personally guarantee full payment of all invoices on this account and submit to the jurisdiction and law and courts in the State of Michigan. No extension, indulgence, or oral release shall prevent my (our) remaining fully liable. I (we) waive notice of default.

By \_\_\_\_\_ By \_\_\_\_\_

Signature as agent and personally\* Signature as agent and personally\*

Title \_\_\_\_\_ Title \_\_\_\_\_

Owners/Corporate Officers/Partner Owners/Corporate Officers/Partner

**\*Only representatives of municipalities and governmental agencies, including schools, and universities are not signing personally.**