

**SECOR
CREDIT APPLICATION**

Please fill out completely - Grey areas for SECOR use only

Please return completed forms to Kathy Stewart at k.stewart@secoronline.com OR fax to 281-556-1683

Customer #: _____ Amt. Requested: _____ Approved For / By: _____

*Orders MUST be Pre-Paid by Credit Card or Wire Transfer until Credit Application is approved (If paid by check, order will NOT ship until check has cleared)

Credit will NOT be extended for any orders totaling less than \$5000.

Legal Name of Company: _____			
Trade Name (dba): _____			
Accounts Payable Contact: _____		Taxpayer FEI #: _____	
Phone: _____	Fax: _____	A/P E-mail: _____	
Billing Address: _____			
City, State, Zip Code: _____			
# of Employees: _____	Yrs. In Business: _____	Type of Business: _____	
Resale Certificate Number: _____ (Please attach copy)		Company Website: _____	
<input type="checkbox"/> Purchase Order Required		<input type="checkbox"/> Purchase Order Not Required	
		<input type="checkbox"/> Not Exempt	
<input type="checkbox"/> Exempt *(Please Attach Proof of Exemption)			

<u>BANK REFERENCES</u>			
Name/Address _____			
City _____	State _____		_____
Zip Code _____	Country _____		_____
Bank Officer _____			
Phone _____	Fax _____		_____
Account # _____			
<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	

<u>BANK REFERENCES</u>			
Name/Address _____			
City _____	State _____		_____
Zip Code _____	Country _____		_____
Bank Officer _____			
Phone _____	Fax _____		_____
Account # _____			
<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	

<u>TRADE REFERENCES</u>			
Company Name _____			
Address _____			
City _____	State _____		_____
Zip Code _____	Country _____		_____
Contact _____			
Phone _____	Fax (Required) _____		_____
Account # _____			

<u>TRADE REFERENCES</u>			
Company Name _____			
Address _____			
City _____	State _____		_____
Zip Code _____	Country _____		_____
Contact _____			
Phone/Fax (Required) _____	_____		_____
Account # _____			

<u>TRADE REFERENCES</u>			
Company Name _____			
Address _____			
City _____	State _____		_____
Zip Code _____	Country _____		_____
Contact _____			
Phone _____	Fax (Required) _____		_____
Account # _____			

<u>TRADE REFERENCES</u>			
Company Name _____			
Address _____			
City _____	State _____		_____
Zip Code _____	Country _____		_____
Contact _____			
Phone/Fax (Required) _____	_____		_____
Account # _____			

The person(s) supplying the above information certifies to Seller that it is true and correct. The Owners/Partners/Guarantors authorize Seller to investigate his/her/its personal credit status, including consumer credit reports. A Photostat copy of this authorization shall be as valid as the original.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

CORPORATE GUARANTEE

IN CONSIDERATION of credit financial accommodations extended, to be extended or continued to

("Borrower") by Scheele Engineering Corporation, d.b.a. SECOR (here-in known as "Seller") and for other goods and valuable considerations, the undersigned, do hereby jointly, severally and unconditionally guarantee to seller, the payment of each and every claim, demand indebtedness, right or cause of action of every nature whatsoever against Borrower now or hereafter existing due or to become due to or held by Seller, together with all accrued interest and any and all expenses and attorney's fees incurred by Seller in enforcing this agreement. This is a continuing Guarantee and all extensions of credit and financial accommodations concurrently herewith or hereafter made by Seller to Borrower shall be conclusively presumed to have been made in acceptance hereof and shall not be revoked by 1. the death of the Guarantor(s); 2. the sale or transfer of purchaser subsequent to the execution of this Guarantee; or 3. the departure, resignation and/or disassociation for any reason, of Guarantor(s) from purchaser. The undersigned waive notice of acceptance of this Guarantee and any liability to which it applies or may apply, and waive presentment and demand for payment thereof, notice of dishonor or nonpayment thereof, collection or instigation of suit or any other action by Seller in collection thereof including any notice of default in payment thereof or other notice to, or demand of payment therefore on any party. The interpretation and enforcement of this Guarantee shall be governed solely by the laws of the State where seller has its place of business. It is further agreed that in the event of any dispute over this Guarantee, venue shall be in any state or federal court of competent jurisdiction situated in the county and state where seller has its place of business.

I hereby guaranty to seller, the prompt payment, in accordance with the terms of credit, of every claim of Seller, including claims relating to goods sold, open accounts and accounts stated, against the above-named proprietorship, partnership, individual, or corporation. It is understood and agreed by the undersigned that this personal guaranty shall remain in full force and effect regardless of whether the above-named corporation, partnership, individual, sole proprietorship files bankruptcy, becomes insolvent, or is otherwise dissolved.

The guarantor signature(s) below must be dated and witnessed.

Signed at (County) _____, (City) _____, (State) _____ this the
_____ day of _____, 20_____

Guarantor Signature: _____

Guarantor Printed Name: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Driver's License #: _____ **State** _____

(Attach Copy)

EIN / SS #: _____

In witness whereof, I/we have signed, sealed and delivered this guaranty for the purposes set forth above on the day of:

Witness Signature: _____

Witness Printed Name: _____