

**SECOR  
CREDIT APPLICATION**

Please fill out completely - Gray areas for SECOR use only

Please return completed forms to Kelley Sandlin at k.sandlin@secoronline.com OR fax to 281-647-7620

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 _____	_____
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: \_\_\_\_\_

Customer's acknowledgement and agreement to all of Secor's Policies and General Terms & Conditions is a material term and continuing condition of becoming and remaining a SECOR Customer and/or to obtain credit from SECOR.

**CORPORATE GUARANTEE**

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

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"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. It is further agreed that any dispute concerning the interpretation, enforceability or enforcement of this Guarantee, shall be pursuant to SECOR's Dispute Resolution Policy, available at:

[SECOR's Dispute Resolution Policy](#)

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:** \_\_\_\_\_

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[Please view SECOR's Policies and General Terms & Conditions](#)