

Stafford-Smith, Inc.
3414 South Burdick Street
Kalamazoo, MI. 49001
Phone: 800-968-2442 ext. 1003 Fax: 269-585-6201
sgrusell@staffordsmith.com - Sue Grusell

Application for Business Account

Date _____ Salesperson _____

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

Billing Information:			
Corporate/	_____		
DBA Name	_____		
Name	_____		
Address	_____		
City	_____	County _____	State _____ Zip _____
Telephone	_____		
Number of Years In Business	_____	Fed ID #	_____
E-mail address	_____		
Taxable	_____	Non Taxable*	_____
*If claiming non-taxable, please provide a valid tax exempt certificate.			
Accounts Payable Contact	_____		
Phone	_____	E-mail	_____
List any special invoicing/billing instructions if applicable:	_____		
Location that order is being received and/or work being performed:			
Name (if differs from above)	_____		
Address	_____		
City	_____	County _____	State _____ Zip _____
Site Phone	_____		
Is the location referenced above	Leased _____	OR	Owned _____
If owned, property in name of:	_____		
Address	_____		
Property is rented from:	_____		
Address	_____		

Bank Information	
Bank Name _____	Contact _____
Checking Acct. # _____	Savings Acct. # _____
*Trade references may be requested.	

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

Principals/ Owners Name _____	S.S. # _____
Drivers License # _____	Date of Birth _____
Home Address _____	
Principals/ Owners Name _____	S.S. # _____
Drivers License # _____	Date of Birth _____
Home Address _____	
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 attorneys 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 reasonable attorneys fees together with the unpaid balance and court costs. 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.

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

By _____
 Signature as agent and personally
 Title _____
 Owners/Corporate Officers/Partner

By _____
 Signature as agent and personally
 Title _____
 Owners/Corporate Officers/Partner