

# SCHOFIELD EXCAVATION INC

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
Phone   Fax		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Accounts Payable E-mail			
Company Address			
City, State ZIP Code			

### BUSINESS OFFICERS AND BANK INFORMATION

Officer Name		Bank name:	
Cell Phone #		Primary business address	
Email		City, State ZIP Code	
Officer Name		Phone	
Cell Phone #		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

### AGREEMENT

1. By submitting this application, you authorize SCHOFIELD EXCAVATION INC to make inquiries into the banking and business/trade references that you have supplied.
2. By submitting this application you are agreeing to pay all invoices within 30 days from the date of the invoice. In the event that payment is not paid within that time, a finance charge of 1.5% per month will be due on the balances of those unpaid purchases. In the event of default in payment the applicant shall pay all costs of collection, including reasonable attorney fees and court costs.
3. In consideration of the extension of credit to the applicants by Schofield Excavation the undersigned agrees to be personally responsible and pay for any purchases made by such business pursuant to this application.

### AUTHORIZED SIGNATURE

Signature		Date	
Printed Name & Title			

Please return this completed application to:  
 Schofield Excavation, Inc., PO Box 612, Gypsum, CO 81637  
 Fax: 970-465-7395 Email: Janice@schofex.com