

SERVICE MASTERS INC.

Factory Authorized
PARTS • SERVICE • INSTALLATION
631-567-1701

CREDIT APPLICATION

COMPANY INFORMATION AS REGISTERED

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE #:

FAX #:

OWNER/PRINCIPAL NAME:

OWNER/PRINCIPAL TITLE:

SOCIAL SECURITY # OR TAX ID #:

LENGTH OF TIME AT ADDRESS:

____ YEARS

____ MONTHS

TYPE OF BUSINESS:

PLEASE CIRCLE ONE

SOLE PROPRIETORSHIP

PARTNERSHIP

LLC

CORPORATION

OTHER

PERSON TO CONTACT FOR PURCHASES:

PERSON TO CONTACT FOR PAYMENTS:

PURCHASE ORDERS:

REQUIRED _____

NOT REQUIRED _____

AUTHORIZED COMPANY REPRESENTATIVES

NAME:

TITLE:

PHONE #:

EMAIL:

NAME:

TITLE:

PHONE #:

EMAIL:

NAME:

TITLE:

PHONE #:

EMAIL:

FOR TAX EXEMPTION PURPOSES PROVIDE TAX EXEMPTION #:

** PLEASE NOTE YOU WILL BE REQUIRED TO PROVIDE A COPY OF YOUR TAX EXEMPTION CERTIFICATE **

BANKING INFORMATION

BANK NAME:		CONTACT NAME:	
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP CODE:	
TYPE OF ACCOUNT		ACCOUNT NUMBER	
SAVINGS			
CHECKING			

BUSINESS REFERENCES

PLEASE PROVIDE US AT LEAST THREE OTHER COMPANIES YOUR BUSINESS HAS ESTABLISHED CREDIT WITH PREVIOUSLY

COMPANY:		CONTACT:	
PHONE #:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

COMPANY:		CONTACT:	
PHONE #:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

COMPANY:		CONTACT:	
PHONE #:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

CREDIT TERMS AND AGREEMENT

- TO ANY INVOICE NOT PAID IN ACCORDANCE WITH ITS TERMS, THERE SHALL BE ADDED THERETO, A LATE CHARGE AT THE RATE OF 2% PER MONTH OR THE MAXIMUM RATE PERMITTED BY LAW IF LESS THAN 2% PER MONTH ON THE UNPAID BALANCE FOR EACH MONTH, OR FRACTION OF A MONTH, THAT BALANCE REMAINS UNPAID.
- IN THE EVENT OF DEFAULT IN PAYMENT, AND OUR ACCOUNT IS PLACED WITH A COLLECTION AGENCY OR ATTORNEY, WE AGREE TO PAY ALL COSTS OF COLLECTION. IF OUR DELINQUENT ACCOUNT IS PLACED WITH AN ATTORNEY, WE AGREE TO PAY ALL COSTS INCURRED IN COLLECTION TOGETHER WITH ATTORNEY'S FEES IN AN AMOUNT OF EQUAL TO 25% OF SUCH UNPAID BALANCE, OR THE MAXIMUM AMOUNT PERMITTED BY LAW IF LESS THAN 25%.
- A VALID CREDIT CARD MUST BE PROVIDED UPON SUBMISSION OF CREDIT APPLICATION.
- ALL INVOICES MUST BE PAID WITHIN 30 DAYS OF THE DATE ISSUED.
- FAILURE TO PAY YOUR INVOICES WITHIN 30 DAYS WILL RESULT IN THE CREDIT CARD ON FILE BEING CHARGED FOR THE INVOICE AMOUNT.
- ANY CLAIMS REGARDING AN INVOICE MUST BE MADE WITHIN 7 DAYS OF THE DATE ISSUED.
- YOU AUTHORIZE INQUIRY INTO THE BANKING AND BUSINESS REFERENCES PROVIDED WITHIN THIS APPLICATION.

PERSONAL GUARANTEE

THE UNDERSIGNED, JOINTLY, SEVERALLY AND PERSONALLY, IN CONSIDERATION OF YOUR EXTENDING CREDIT TO THE APPLICANT, DO HEREBY AGREE TO PAY FOR ALL GOODS/SERVICES SOLD TO APPLICANT, AND IN THE EVENT OF DEFAULT, BY APPLICANT, YOU SHALL BE ENTITLED TO LOOK TO US FOR PAYMENT WITHOUT PRIOR DEMAND OR NOTICE AND WITHOUT FIRST HAVING ATTEMPTED TO COLLECT FROM APPLICANT. IN THE EVENT YOU ENGAGE THE SERVICES OF AN ATTORNEY TO COLLECT ANY SUM OF MONEY DUE HEREUNDER, OR TO ENFORCE OR DEFEND YOUR RIGHTS HEREUNDER, YOU SHALL BE ENTITLED TO COLLECT REASONABLE ATTORNEY'S FEES FROM THE UNDERSIGNED. THE LIABILITY OF THE UNDERSIGNED SHALL NOT BE AFFECTED BY ANY EXTENSIONS OR INDULGENCES GRANTED APPLICANT, OR BY RELEASING OR SURRENDERING ANY SECURITY GIVEN BY THE APPLICANT. THE UNDERSIGNED AGREES TO GIVE YOU WRITTEN NOTICE BY CERTIFIED MAIL IN THE EVENT OF ANY CHANGE IN THE OWNERSHIP OF APPLICANT'S BUSINESS OR THE FORM OF APPLICANT'S BUSINESS ORGANIZATION.

THE UNDERSIGNED APPLICANT AUTHORIZES SERVICE MASTERS INC TO OBTAIN PERSONAL BACKGROUND INFORMATION FROM ANY AGENCY, PUBLIC OR PRIVATE, FOR THE PURPOSE OF EXTENSION OF CREDIT FOR COMMERCIAL PURPOSES. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

PRINT NAME HERE: _____

SIGN NAME HERE: _____

TITLE: _____

DATE: ____/____/____ SOCIAL SECURITY #: ____-____-____

RESIDENTIAL ADDRESS OF SIGNEE: _____

Credit Card Authorization Form for:

SERVICES PERFORMED

Please Print

I _____ authorize Service Masters Inc. to charge my credit card for any and all costs resulting from the service call to our location. This includes, but is not limited to: labor, parts, travel, and/or shipping costs. By signing and filling out this form I assume responsibility for any work or work-related costs incurred from the service call.

Name of Business where service was performed:

Address of site where service was performed:

Phone # _____ Fax # _____

Email Address _____

Please Circle which card you would like to charge to: VISA MASTERCARD AMEX

****AMEX TRANSACTIONS ARE SUBJECT TO A 3.5% PROCESSING FEE****

Card # _____

Expiration Date _____ 3 Digit Code _____

Name on the Card:

Billing Address:

Billing City/State & Zip Code:

Date _____ Print Name of Authorized User _____

Signature of Authorized User _____

Please email this form to: VincentP@servicemastersinc.com or fax to 631.567.3265

If you have any questions please contact us at 631-567-1701