



# SCHNEIDER LABORATORIES GLOBAL, INCORPORATED

## CREDIT APPLICATION AND AGREEMENT

Please print, fill out and fax both pages

### BUSINESS INFORMATION

Legal Name \_\_\_\_\_  
Trade Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Type of Business     Corporation     Partnership     Individual     Other

### PRINCIPALS AND/OR OWNERS

Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Business Title \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Business Title \_\_\_\_\_ Home Phone \_\_\_\_\_

### BANK REFERENCES

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### TRADE REFERENCES

Supplier Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Supplier Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Supplier Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. If extended credit pursuant to this Credit Agreement, the applicant hereby agrees to the following terms: Payment is due in full 30 days from the date of invoice. In the event that account is not paid in full by the due date, applicant will inform Schneider Laboratories Global, Inc. of the reason for nonpayment and will pay a late payment charge of 1.5% per month (18% annual) computed on the unpaid balance. The applicant agrees to be personally responsible to pay all cost and reasonable attorney's fees incurred in connection with collection of any past due balances on this account. Any Homestead or other exemptions are hereby waived to the extent allowed by law. Schneider Laboratories Global, Inc. is hereby authorized to investigate the references listed above concerning applicant's credit history and financial responsibility. This Credit Application and Agreement supersedes any prior agreement between the parties and may not only be modified in writing.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name & Title \_\_\_\_\_



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Cont.

## PAYMENT INFORMATION

Credit Card Type     VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

Credit Card Number \_\_\_\_\_ Auth # \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Card Information For     Payment for Each Job     Payment Method for Terms (must fill out pg. 1)

*I authorize SLGI to charge our current invoices to my credit card. I understand that I am responsible for communicating any credit card charges directly to SLGI. Furthermore, I understand that I must provide a new card number in the event that this card becomes expired or I change credit card providers.*

## GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

**THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.**

**This section is only for customers with terms that pay by Credit Card.**

By signing below, customer hereby authorizes Schneider Laboratories Global, Inc. to charge all past due invoices (over 45 days past the invoice date) to the company credit card or personal credit card listed on page one of this document or on file. SLGI will send company receipt of charges to customer. Delinquent accounts (older than 90 days) are subject to collections; all collection expenses, attorney's fees and court costs are the responsibility of the creditor.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_

SLGi must be notified—via email (accountingdept@slabinc.com) or by phone—about any invoicing disputes within 60 days of the invoice date. Any disputes received after that period will not be eligible for review.

Please FAX to: 804-254-9586  
QUESTIONS, call us at: 804-353-6778 or 800-785-LABS (5227)  
Remit to: 2512 W. Cary Street, Richmond, VA 23220