



SCHAEFER
Ventilation Equipment

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Quality and Innovation since 1951

APPLICATION FOR CREDIT

For questions or concerns on this application, please call customer service at 1-800-779-3267

Please complete this form, sign the last page & return to the address above.

Date: _____

Company Name: _____ Primary Contact: _____
Billing Address: _____ Shipping Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
County: _____ Phone: _____ Fax: _____
Website: _____ Email: _____
D/B/A: _____ FEDERAL TAX I.D. NUMBER: _____

Ownership: ☐ Sole Owner ☐ Partnership ☐ Corporation
Principal Name: _____ SSN#: _____ Home Address: _____
Principal Name: _____ SSN#: _____ Home Address: _____

Has the firm or any of its Principals ever filed bankruptcy? ☐ Yes ☐ No

If yes, explain: _____

Other Brands of Ventilation Equipment Sold: _____

Years In Business: _____ Number of Employees: _____

Other Locations Covered by This Application: _____

Amount of Credit Requested: \$ _____

Credit References

Name of Bank: _____ Phone: _____
Address: _____ Fax: _____
City/State/Zip: _____ Contact: _____
Account No(s): _____ Title: _____

Trade References

1. _____ Phone: _____ Fax: _____
Address: _____ City/State/Zip: _____ Account#: _____
2. _____ Phone: _____ Fax: _____
Address: _____ City/State/Zip: _____ Account#: _____
3. _____ Phone: _____ Fax: _____
Address: _____ City/State/Zip: _____ Account#: _____

Purchases will be: ☐ TAXABLE ☐ NON-TAXABLE
(if non-taxable, please submit exemption form with this application for all states you have an exemption.)

Personal Guarantee

In consideration of credit being extended by **Schaefer Ventilation Equipment** to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to **Schaefer Ventilation Equipment** the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of the guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by **Schaefer Ventilation Equipment**, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

The undersigned authorizes the banks / vendors listed to release information deemed necessary to the establishment of credit. It is further understood that should credit be granted, the undersigned will abide by the terms and conditions set forth by the seller, including full payment of the invoice as due.

Signature

Title

Date

Please Return to:

Schaefer Ventilation Equipment

PO Box 460

Sauk Rapids, MN 56379

Please note: This application will not be processed without a copy of your tax exemption certificate.

CREDIT DEPARTMENT USE ONLY

Date Line of Credit Approved

Date Line of Credit Denied

Comments:

Company Profile

Key Personnel

President: _____ Marketing: _____
Sales Manager: _____ Purchasing Manager: _____
Accounts Payable: _____ Customer Service: _____
Other: _____

Branch offices and sales locations

<u>City, State, Phone & Fax</u>	<u># of Inside Sales Staff</u>	<u># of Outside Sales Staff</u>	<u># of Customer Service Reps</u>

Geographic Data

Sales territory covered. Please list geographic areas that your company covers. As appropriate, list countries, states/provinces, counties or cities. Attach a map if possible:

Types of businesses called on.(i.e. textiles, petroleum, agriculture, food, etc)

Marketing Data

How do you go to market?

Please describe your use of the following promotional methods. Attach any samples that you may have to this document (catalogs, newspaper, shows, etc). Newspaper/magazine advertising, E-Commerce, Trade shows, Catalogs, Brochures, Telemarketing / telesales, Direct mail, Other:

What do you believe to be your largest growth opportunities with our heating & ventilation equipment (i.e. products, markets, applications)?

What is your most successful product line and why?

Sales Data

What are the core products/manufacturers you've represented in the last two years?

With which ventilation or heating equipment manufacturers do you currently have representation agreements?

Do you consider any of your current products to be in competition with ours? ☐ Yes ☐ No

Whom do you consider to be your three largest competitors in heating and ventilation? overall?

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

What is your total sales volume for products (not services) sold during the previous year: \$ _____
(Indicate currency, if not in US dollars).

What was your previous two years volume in heating and ventilation equipment: \$ _____
Please list the equipment included in this figure.

What is your sales projection for our product? Provide as much detail as possible.
Schaefer Ventilation Equipment will work with you to develop a goal-based sales plan.

What is the estimated initial order size? _____

How are your salespeople trained on selling new products?

Physical Data

Warehouse capacity (in sq. feet or sq. meters): _____

Show room/Retail capacity: _____