



**SCHMIDT  
& SONS, INC.**

**ACH CREDIT APPLICATION**

P.O. Box 232  
 Gonzales, TX 78629  
 Phone: (800) 499-4549  
 Fax: (830) 672-7373

NAME AND ADDRESS	FULL LEGAL BUSINESS NAME		FEDERAL TAX ID / SOCIAL SECURITY NUMBER	
	MAILING ADDRESS		CITY	STATE ZIP CODE
	STREET ADDRESS		CITY	STATE ZIP CODE
	CONTACT CONCERNING CREDIT	NAME	TITLE	PHONE NUMBER
EMAIL ADDRESS:				
STORE HOURS				
FINANCIAL INFORMATION	<input type="checkbox"/> NEW ACCOUNT	CREDIT LIMIT REQUESTED	AMOUNT OF FIRST ORDER	
	<input type="checkbox"/> HIGHER LIMIT			
	Financial Statement	<input type="checkbox"/> Is Attached	MONTH	YEAR
		<input type="checkbox"/> Being Mailed Separately		
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	DIVISION OR SUBSIDIARY NAME	NAME OF PARENT COMPANY	
		PRESIDENT'S NAME	PRESIDENT SINCE?	
	<input type="checkbox"/> Partnership	NAMES OF PARTNERS		
	<input type="checkbox"/> Proprietorship	NAME AND ADDRESS OF OWNER		
	TYPE OF BUSINESS		DATE BUSINESS STARTED	
BANKING INFORMATION	NAME OF BANK		BANKERS NAME	ACCOUNT NUMBER
	CITY	STATE	ZIP CODE	PHONE NUMBER
TRADE REFERENCES	<b>SUPPLIER NAME / ACCOUNT NUMBER</b>			<b>FAX NUMBER</b>
MISC. INFORMATION	<input type="checkbox"/> Taxable			
	<input type="checkbox"/> Non-Taxable*			
	*If Non-Taxable, a Texas Sales and Use Tax Exemption Certificate or a Texas Resale Certificate (whichever applies), must be attached.			
	SALES REPRESENTATIVES NAME		STANDARD INDUSTRY CODE (SIC)	DUNS NUMBER



**SCHMIDT AND SONS, INC.**  
**AUTHORIZATION AGREEMENT**  
**DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Schmidt and Sons, Inc., hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_ (Financial Institution Name) \_\_\_\_\_ (Branch)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City-State) \_\_\_\_\_ (Zip)

\_\_\_\_\_ Routing/Transit No. \_\_\_\_\_ Account Number Type of Account: \_\_\_ Checking \_\_\_ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

For Schmidt and Sons, Inc.:

\_\_\_\_\_ Keith Schmidt, President \_\_\_\_\_ (print individual name)

74-2143966  
\_\_\_\_\_ Federal ID No. \_\_\_\_\_ Signature

\_\_\_\_\_ Account Name

\_\_\_\_\_ Terms \_\_\_\_\_ Discount

\_\_\_\_\_ S&S Account Number



## New Account Business Profile

### Basic Information

Full Business name: \_\_\_\_\_  
Business owner name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Sales Representative: \_\_\_\_\_

### Business Profile

Years in business: \_\_\_\_\_  
Previously or presently affiliated  
w/ only oil brands: \_\_\_\_\_  
No. of business locations: \_\_\_\_\_  
No. of business customers: \_\_\_\_\_  
% of repeat business customers: \_\_\_\_\_  
No. of service tickets or  
job orders per year: \_\_\_\_\_  
Oil gallons per year: \_\_\_\_\_  
Sales \$ per year: \_\_\_\_\_  
No. of work bays: \_\_\_\_\_  
No. of oil tanks: \_\_\_\_\_  
Size of oil tanks: \_\_\_\_\_  
No. of product warehouses: \_\_\_\_\_  
Size of product warehouses: \_\_\_\_\_  
Customer class: \_\_\_\_\_

### **Purchases**

Brand of bulk:	_____
Package	Yes/No
Valvoline filters	Yes/No
Service chemicals	Yes/No
WIX filters	Yes/No

**Business Needs**

**What can SSI do for you?**

Equipment programs:

Startup initiatives:

Business plans:

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**What is the size of the first order?**

Gallons:

Etc....

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## SCHMIDT & SONS, INC.

2510 Church Street ♦ P. O. Box 232

Gonzales, Texas 78629

Phone: (830) 672-2018 Fax: (830) 672-7373

**COMPANY NAME:** \_\_\_\_\_ **ACCT.#** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**OWNER CONTACT:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PURCHASING CONTACT:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Please return form via fax at 830-672-7373

**Attn: Stacy Harding**