



Confidential Credit Application

Thank you, for choosing Scottdel as your cushion supplier. In order to establish a line of credit, we ask that you share some information about your organization with us. ***Any information provided to us will be kept in the strictest of confidence.***

Complete the following 2 page form and FAX to 419.825.1523 or mail to:

Scottdel Carpet Cushion LLC
Attn: Kevin Thornton, CFO
400 Church St
Swanton, OH 43558-1199

NOTE: Include a copy of your latest financial statement. An incomplete credit application will most likely be returned for insufficient information regarding your requested credit limit with us.

The credit approval process begins immediately upon submission of this form. Feel free to call me at 800.446.2341 if you have any questions, or send me an e-mail at kthornton@scottdel.com. Otherwise you will be contacted via phone for final approval, as soon as possible.

Thank you,

Kevin Thornton
CFO

SCOTTDEL Confidential Credit Application

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ Fax: (_____) _____

Contact Person/Title: _____

Contact Person's E-mail: _____

Year Established: _____

Business is: **(circle one)** (Corporation) (Partnership) (Sole Owner)

Type of Business: **(circle one)** (Retail) (Wholesale Flooring) (Building Supplies)

Other: (specify) _____

Requested Credit Line \$: _____

Trade References

1st Reference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ Fax: (_____) _____

Account Number: _____

2nd Reference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ Fax: (_____) _____

Account Number: _____

3rd Reference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ Fax: (_____) _____

Account Number: _____

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4th Reference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ Fax: (____) _____

Account Number: _____

Bank Reference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ Fax: (____) _____

Account Number: _____

OWNERSHIP OR MANAGEMENT STRUCTURE

Print Name

CEO or President: _____

Vice President: _____

Treasurer: _____

CFO or Controller: _____

Other key persons: _____

Circle One

Stockholder: Yes No

Stockholder: Yes No

Stockholder: Yes No

Stockholder: Yes No

Stockholder: Yes No

Have there been any judgements, liens or other various encumbrances that have effected your course of Business? **Yes or No** If yes, Please explain: _____

By signing this application, I believe that my company is financially able to meet any commitments that we currently have and or make and we expect that invoices outstanding will be paid in accordance to the agreed upon terms.

Signature: _____

Date: _____

Print Name: _____

Title: _____

NOTE: Please include a copy of your latest financial statement. An incomplete credit application will most likely be returned for insufficient information regarding your requested credit limit with us.



Credit Card Payment Form

Note: There is a 2% fee to use credit cards for payment

Complete form and fax to Scottdel Carpet Cushion LLC, Attn: Kevin Thornton,CFO at 419.825.1523

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Account Payable Contact: _____

Phone : (_____) _____ ext: _____

Name on Credit Card: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Type of Credit Card (circle one): VISA MasterCard

Pay the following invoices:

Terms: _____

Invoice Number	Invoice Amount	Discount	Total Payment on Invoice
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total Charge to be placed on credit card \$ _____

Authorization Signature: _____



In order for Scottdel Carpet Cushion LLC, to better serve you with deliveries please fill out the following information:

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Pricing Contact: _____

Phone : (_____) _____ ext: _____

AP Contact: _____

Phone : (_____) _____ ext: _____

Delivery Contact: _____

Phone : (_____) _____ ext: _____

Delivery Hours:

Monday	Tuesday	Wednesday	Thursday	Friday

Circle Trailer sizes you are **UNABLE** to take for deliveries:

45 48 53 53 Drop Frame

Special requests for delivery (if any): _____

