

# CHECK-BY-PHONE PAYMENT AUTHORIZATION FORM



1. Please complete this form and fax to 1-800-472-2281
2. Upon receipt of this authorization form, your checking account information will be securely registered and your purchases from Service Champ will receive a 6% discount.
3. Your checking account will only be debited after your order has been shipped.
4. We will automatically debit your purchases to your checking account unless we are notified otherwise by you. **IMPORTANT:** Any change in the checking account which you desire us to debit from requires 30 days advance notice..
5. Credit memos for shortages, defective goods, returns, etc. will be deducted from your next check-by-phone transaction.
6. You will receive a hard copy/credit memo for all debits to your account.
7. **IMPORTANT:** Your checking account must be charged at time of shipment in order to receive the Quik-Pay 6% discount. If the funds are not available, you will be charged \$30.
8. **IMPORTANT:** In addition to this form, sections A, B, E and F from the credit application are required to be completed with this form as well.

**Place Blank Check Here - You May Write Void On Check**

By signing below, I authorize Service Champ to charge my checking account for my purchases until I otherwise notify.

Your Signature \_\_\_\_\_

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Your Service Champ Account # \_\_\_\_\_



# CREDIT APPLICATION

180 New Britain Blvd.  
 Chalfont, PA 18914  
 CALL 1-800-221-0216 / 1-215-822-8500  
 FAX 1-800-472-2281 / 1-215-822-0151

## A) BILLING INFORMATION

BILL-TO NAME				YEAR ESTABLISHED	
ADDRESS			CITY		
STATE	ZIP CODE	TELEPHONE	FAX	A/P CONTACT	

## B) SHIPPING INFORMATION (Please list any additional locations on a separate page)

SHIP-TO NAME					
ADDRESS			CITY		
STATE	ZIP CODE	TELEPHONE	FAX	A/P CONTACT	

## C) BANK REFERENCE

NAME			ADDRESS		
CITY	STATE	ZIP CODE	LOCAL CONTACT & TELEPHONE	ACCOUNT NUMBER	
FOR OFFICE USE ONLY					

## D) TRADE REFERENCES

NAME					
ADDRESS			CITY		
STATE	ZIP CODE	TELEPHONE	CONTACT	ACCOUNT NUMBER	
FOR OFFICE USE ONLY					

NAME					
ADDRESS			CITY		
STATE	ZIP CODE	TELEPHONE	CONTACT	ACCOUNT NUMBER	
FOR OFFICE USE ONLY					

NAME					
ADDRESS			CITY		
STATE	ZIP CODE	TELEPHONE	CONTACT	ACCOUNT NUMBER	
FOR OFFICE USE ONLY					

## E) OWNER/OFFICER INFORMATION

NAME		TITLE	
HOME ADDRESS		CITY	
STATE	ZIP CODE	HOME TELEPHONE	SOCIAL SECURITY NUMBER

NAME		TITLE	
HOME ADDRESS		CITY	
STATE	ZIP CODE	HOME TELEPHONE	SOCIAL SECURITY NUMBER

Terms of sale are NET 30 days from the date of invoice or same day payment for credit card or check-by-phone. If payment is past due, the unpaid balance will be increased by 1.5% per month. Continuous late payment will result in a loss of credit with SERVICE CHAMP. Any check returned by the bank as unpaid will carry a \$30 charge. If the account is listed with a collection agency or attorney to obtain payment, the applicant is liable for all expenses including reasonable attorney's fees.

The undersigned agrees to the following TERMS and CONDITIONS:

I agree to provide Service Champ with a resale certificate(s) when requested. Failure to provide a valid resale certificate(s) could subject customer to sales tax liability. The undersigned individually, in consideration of Service Champ extending credit to Purchaser, do hereby PERSONALLY GUARANTEE payment in full to Service Champ of all amounts hereafter owed to Service Champ by Purchaser, as well as legal fees/and (collections fees of an additional 25% of debt), should Service Champ refer the account to attorney for collection. Such GUARANTEE is made each time Merchandise is ordered on credit from Service Champ. Should the Purchaser be sold or merged into another company, I agree that any outstanding accounts payable to Service Champ will be included in the liabilities transferred to the new entity and the as part of the sale/merger agreement, the surviving entity will acknowledge the debt owed to Service Champ. Failure to comply with the above will cause any accounts payable to Service Champ to immediately be due and payable. I hereby authorize release to Service Champ of any and all information concerning banking accounts and information on all other credit matters that may be relevant to this application and agree that Service Champ may re-verify this information from time to time. Service Champ reserves the right to terminate or modify terms of credit without further notice.

Signature(Owner/Officer Only)

Title

Date

## F) SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

ISSUED TO		ADDRESS			
Service Champ Inc.		180 New Britain Blvd., Chalfont, PA 18914			
I CERTIFY THAT	NAME OF FIRM	IS ENGAGED AS A REGISTERED <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Leasor (*See note on reverse side.)			
	STREET ADDRESS OR P.O. BOX				
	CITY			STATE	ZIP CODE
is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:					
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.		
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.		
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.		
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.					
GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM SELLER					
Under penalties of perjury, I swear that the information on this form is true and correct as to every material matter.					
AUTHORIZED SIGNATURE (OWNER, PARTNER, OR CORPORATE)		TITLE	DATE		
ACCOUNT NUMBER	SALESPERSON	APPROVED BY	DATE	TERMS CODE	CREDIT LIMIT