



**Partners in Logistics and Packaging™**

2331 Randon Dyer Rd., Rosenberg, TX 77471.2407 USA, Tel: 713.559.0570

### DELIVERY CHECKLIST FOR SCHC

Today's Date:

Please fill in this important form so we can make all of your deliveries with SCHC be excellent:

**Circle the correct answer below:**

- |  |     |    |
|--|-----|----|
| 1. Do you have a regulation loading dock?  | YES | NO |
| 2. Do you have a forklift that can handle this delivery?   | YES | NO |
| 3. Do you need your containers/boxes bundled with strings?<br>(Additional cost of 5% of order will apply for this service) | YES | NO |
| 4. Do your containers/boxes go over automatic equipment?   | YES | NO |
| 5. Are wooden pallets required?<br>(\$9.00 per pallet will apply, if pallets are required)                                 | YES | NO |
| 6. Do you require a dock time before delivery?   | YES | NO |

7. What are your receiving days? (circle the correct days below)

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

8. What are your receiving hours? \_\_\_\_\_ AM to \_\_\_\_\_ PM

9. Specify the Height/ Width of the receiving dock. \_\_\_\_\_

Contact person for deliveries: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

10. Please give us your full physical delivery address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

11. List any special delivery instructions that will help us serve you better and avoid additional delivery expense or delays: \_\_\_\_\_



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## CREDIT APPLICATION for SCHC

### YOUR COMPANY INFORMATION

NAME OF FIRM		DUNS #
ADDRESS		
CITY	STATE	ZIP CODE
OWNERSHIP: CORPORATION PARTNERSHIP		OTHER:
HOW LONG IN BUSINESS?		TYPE OF BUSINESS:
NAME(S) OF OWNER/PRESIDENT/PARTNER:		
V.P./PARTNER:		SECT./TREASURY:
EXPECT PURCHASES (PER MONTH) \$)		
CREDIT TERMS REQUESTED:		
PERSON(S) AUTHORIZED TO MAKE PURCHASES:		
BEST TELEPHONE NUMBER:		
BEST EMAIL:		

### BANK REFERENCE

BANK NAME		CONTACT
STREET ADDRESS		
CITY	STATE	ZIP CODE
CHECKING ACCOUNT #		PHONE

### TRADE REFERENCES

COMPANY	CONTACT	RELATIONSHIP
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE #	FAX #	ACCOUNT
COMPANY	CONTACT	RELATIONSHIP
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE #	FAX #	ACCOUNT
COMPANY	CONTACT	RELATIONSHIP
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE #	FAX #	ACCOUNT

**CERTIFICATION**-The applicant certifies that the information provided in this Credit Application, together with all other information submitted with this Credit Application, is true and correct. Applicant understands that should any information materially change, or at the request of **SCHC** a dba of **Houston Carton, Incorporated** and/or **Schulze Container, #2 LP**, going forward in this Credit Application, will be referred to as **SCHC**, applicant will update the credit application.

**AUTHORIZATION TO RELEASE INFORMATION**-All information, which the applicant has certified to be true and correct, included in this Credit Application is for the use of SCHC, in determining the amount and conditions of commercial business credit to be extended to the applicant. It is not for consumer purposes. I/we hereby authorize all trade and bank references listed in this Credit Application to release all information verbal or written to assist SCHC, in determining the amount and conditions of credit to be extended the applicant. Furthermore, I/we authorize SCHC, to utilize any other sources of credit information which it deems reliable in making this determination. Subsequent credit inquires may be completed by SCHC , in connection with any update, renewal or extension of credit. SCHC, reserves the right to terminate credit extension based on their evaluation.

FURTHER, I/WE AGREE TO PAY IN ACCORDANCE WITH **SCHC**, APPROVED CREDIT TERMS. I/WE UNDERSTAND AND AN AGREE THERE WILL BE A SERVICE CHARGE, NOT TO EXCEED 1 1/2% PER MONTH (18% PER YEAR) ON ANY PAST DUE BALANCES. TITLE TO GOODS SOLD/DELIVERED SHALL REMAIN WITH THE SELLER UNTIL PAID FOR IN FULL BY BUYER AND SELLER AGREE THAT OUR INVOICE(S) SHALL CONSTITUTE A SECURITY AGREEMENT AND SCHC, MAY FILE, AT ANY TIME, A UCC STATEMENT TO EVIDENCE ANY OPEN BALANCE BY BUYER. IF THE ACCOUNT IS ASSIGNED FOR COLLECTION WITH AN ATTORNEY OR COLLECTION AGENCY, I/WE HEREBY AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION AND COURT COST INCURRED. ALL BILLS DUE AND PAYABLE IN ROSENBERG, FORT BEND COUNTY, TEXAS, USA.

In the event of any changes in ownership or legal structure of the applicant, I/we agree to notify SCHC, in writing of these changes by certified mail with return receipt requested. SCHC, shall not be affected by such changes until receipt of this written notification of these changes from the applicant.

**I/we acknowledge having read and understood the preceding terms and conditions, and certify that the applicant(s) agrees to abide by them.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If limited company: Application must be signed by two officers and company seal afixed, if available. Both parties have accepted that this document be drafted in English only.

Please write the name of your SCHC, sales representative here: \_\_\_\_\_

**SCHC, 2331 Randon Dyer Road, Rosenberg, TX 77471.2407 USA, Telephone: 713-559-0570 Fax: 713-559-0579**

**PURCHASER'S BLANKET CERTIFICATE FOR  
SALES AND USE TAX**

The undersigned purchaser, the holder of a **state sales and use tax permit** number(s), if any, \_\_\_\_\_ in the state of \_\_\_\_\_ respectively certifies that all purchases of tangible property from **SCHC** a dba of **Houston Carton, Incorporated** and/or **Schulze Container#2 LP** are exempt from sales or use tax for the reason(s) checked below:

- ( ) Resale as tangible personal property  
( ) Purchased to become an ingredient or component of an article to be resold  
( ) Other exemptions (fully explained below).

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This certificate shall be considered a part of each order and shall continue in force and effect unless and until revoked in writing.

The undersigned purchaser further agrees that if any personal property purchased hereunder is later determined to be subject to sales or use tax, he will assume full responsibility for the payment of such tax, including penalties or interest, and will reimburse seller for any cost paid by seller, by virtue of acceptance of the certificate in lieu of any sales or use tax which might otherwise be due or owing.

Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions please call **SCHC** at 713-559-0570  
**Please fax back these forms to: 713-559-0579 or email to: Support@SCHCi.com**  
**Thank you.**