

CREDIT APPLICATION

NAME: _____
MAILING ADDRESS _____
SHIPPING ADDRESS _____
CITY, STATE, ZIP _____

BUSINESS ESTABLISHED DATE _____
TYPE OF BUSINESS _____
FEDERAL ID # _____
RESALE# _____

PRINCIPAL OWNERS: _____

BANK INFORMATION: _____

MUST HAVE 3 REFERENCES:

NAME _____
ADDRESS _____
PHONE _____
FAX _____

NAME _____
ADDRESS _____
PHONE _____
FAX _____

NAME _____
ADDRESS _____
PHONE _____
FAX _____

PURCHASE ORDER NEEDED WITH EACH PURCHASE (PLEASE CHECK IF SO)

ACCOUNTS PAYABLE CONTACT:

NAME _____ PHONE _____

We reserve all rights to deny an application. All accounts paid in full with a method of credit card add 3% to total amount owed. Account balances must be paid within 30 days.



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1-800-542-7880 or 641-484-2057
Fax 641-484-5555