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CREDIT APPLICATION

ACCOUNT NAME

COMPANY WEBSITE _____

ADDRESS _____

CITY _____

ZIP CODE _____

TELEPHONE _____

FAX # _____

SHIP TO

CITY _____

ZIP CODE _____

TELEPHONE _____

FAX # _____

E-MAIL _____

TYPE OF BUSINESS _____

TYPE OF ORGANIZATION: Private Corp Partnership
 Public Corp Individual

Year Started: _____ SALES TAX # _____ FEIN # _____

Contracts

Officer _____ Position _____
 Officer _____ Position _____

Bank References

Name _____ Contact Name _____ Phone _____

Trade References

Name _____ Contact Name _____ Phone _____
 Name _____ Contact Name _____ Phone _____
 Name _____ Contact Name _____ Phone _____

Credit Limit Request

In making this application for credit, the Customer agrees to pay all invoices within 30 days from date of invoice and to pay a service charge of 1-1/2% per month, which is an annual percentage rate of 18% on all overdue balances. In the event a lawsuit is necessary to collect any amount, the Customer agrees to pay the Seller's reasonable attorney fees and costs including attorney's fees for appeal.

Signature _____ Title _____ Date _____