

# //////////////////// CREDIT APPLICATION //////////////////////////////////////

300 Ashworth Road • West Des Moines, IA 50265 • Phone: 800-247-4081 • Fax: 515-499-9043

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Full name of owner or owners (or an authorized officer of corporation). List home address and zip code for partnership or individual.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one: <input type="checkbox"/> Individual Partnership <input type="checkbox"/> Corporation	Federal Tax No. _____
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Applicant (individual signing contract): \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Real Estate Mortgage: \_\_\_\_\_

Former Business: \_\_\_\_\_ Location: \_\_\_\_\_

Own  Rent. If rent, from whom: \_\_\_\_\_ Value: \_\_\_\_\_

Real Estate Mortgage: \_\_\_\_\_

## TRADE REFERENCES

Name	Address	City, State, Zip	Phone Number	Fax Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Bank: \_\_\_\_\_

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

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

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms: Net 30 days.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize Duracable Manufacturing Company to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_  
Signature Title

By: \_\_\_\_\_  
Signature Title



**DURACABLE**  
— MANUFACTURING CO —

800-247-4081 | FAX 515-499-9043 | Email sales@duracable.com