



Credit Application
 409 7TH Avenue SE Cedar Rapids, IA 52401
 Phone: 319-364-4106 Fax: 319-364-2562

Date _____ Sales Rep. _____
 Individual or Company Name _____
 Street _____ City _____
 County _____ State _____ Zip _____
 Telephone(s) _____ Fax _____ E-mail _____
 Purchasing Contact _____ Accounts Payable Contact _____

How did you hear about us? _____

Nature of Business: _____ Date Business Started: _____

Our Legal Entity is: **Corporation** _____ **Partnership:** _____ **Proprietorship:** _____

If Corporation list names of officers and titles, if other list names of partnership or owners.

Name _____ Name _____ Name _____
 Title _____ Title _____ Title _____

Company Tax Exempt: Y/N _____. (If yes, please provide Tax Exemption Document with application)

Payment terms: Due 30 days from the invoice date.

Application for Credit is hereby made and the following references given. It is understood this information
 Will be held in the strictest confidence and used only by our credit department.

Bank (Checking Account # _____)	Bank (Savings Account # _____)
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Name _____	Name _____
Address _____	Address _____
_____	_____

*****INDUSTRY RELATED BUSINESS REFERENCES WHERE CREDIT IS ESTABLISHED*** BANKS, RENTAL COMPANIES, CC COMPANIES, AND FININCE COMPANIES WILL NOT BE ACCEPTED. ALL REFERENCES MUST INCLUDE FAX # OR EMAIL ADDRESS OF THE CREDIT DEPARTMENT.**

Company Name	City and State	Account Number	Phone Number	Fax Number/Email

We understand your terms and agree to abide by them. If for any reason the above customer defaults on any payment and collection efforts are required, the customer will reimburse any and all fees in conjunction with collection of the monies owed to Terry-Durin Company.

Signed _____ Title _____ Date _____

For Internal Use Only

Credit Ok _____ Sales Rep _____
 Amount Approved \$ _____ Territory _____
 Signed _____ Category _____

Credit Refused _____
 Reason _____
 Date _____ INT _____