

## "The Innerduct Specialists!" CREDIT APPLICATION

## 409 Seventh Ave. S.E. Phone: 319-364-4106

## Cedar Rapids, IA 52401 Fax: 319-364-2562

Date		S	ales Rep	
Individual or Company Name				
Street		City		
County	State	Zip		
Street County Telephone(s)	Fax	E-mail		
How did you hear about us?				
Nature of Business:		Date Business Started: nership: Proprietorship:		
Our Legal Entity is: Corpora	ition Pai	rtnersnip:	Proprietorship:	<u></u>
If Corporation list names of of	ficers and titles if oth	er list names of nartners	hin or owners	
Name         Name           Fitle         Title		Tit	Title	
Payment terms: Due 30 days	from the invoice dat	te.		
		the following references		
will be	held in the strictest co	onfidence and used only	by our credit department	nt.
Bank (Checking Account	# )	Rank	(Savings Account #_	
Dank (Checking Meebunt	")	Dairk		)
Name		Nama		
Address		Address	S	
		REFERENCES WHERE		
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***INDUSTRY RE Company Name We understand your terms and investigative Consumer report	CLATED BUSINESS R City and State agree to abide by then may be made whereby	REFERENCES WHERE Account Number n In making this applica	CREDIT IS ESTABLIS Phone Number tion for Credit, I also un	HED*** Fax Number derstand that an tews with my neighbors.
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