



"The Innerduct Specialists!"

CREDIT APPLICATION

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

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

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

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 _____

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 # _____)
Name _____	Name _____
Address _____	Address _____
_____	_____

*****INDUSTRY RELATED BUSINESS REFERENCES WHERE CREDIT IS ESTABLISHED*****

Company Name	City and State	Account Number	Phone Number	Fax Number

We understand your terms and agree to abide by them In making this application for Credit, I also understand that an investigative Consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry included information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. 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 _____

Need Signed Exempt. Certif. _____