



1700 North 14th Street - Indianola, Iowa 50125  
Phone: 800/247-2464 or 515/961-7407 FAX 515/961-7409

CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_  
A/P CONTACT: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
MOBILE: \_\_\_\_\_

BILLING ADDRESS:  
ADDRESS: \_\_\_\_\_  
CITY, ST ZIP \_\_\_\_\_  
COUNTY: \_\_\_\_\_

SHIPPING ADDRESS:  
ADDRESS: \_\_\_\_\_  
CITY, ST ZIP \_\_\_\_\_  
COUNTY: \_\_\_\_\_

Type of Business (✓ One):  Corporation  Partnership  Sole Proprietorship  Municipality  LLC

Any other Business Name Used? If so, please specify: \_\_\_\_\_

Business Nature: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ - \_\_\_\_\_ Date of Incorporation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ D & B No.: \_\_\_\_\_

Does Sales Tax Apply?  Yes  No (If no, send exemption certificate) Sales Tax Permit #: \_\_\_\_\_

Are Purchase Orders Required?  Yes  No Authorized Purchasers: \_\_\_\_\_

OFFICERS/OWNERS/PARTNERS: S.S. #'s Required! (spouse also)

Full Name	Title	%*	Home Address (Street, City, State, Zip)	Soc. Sec. #
Principal #1:				
Spouse:				
Principal #2:				
Spouse:				

Has any Owner/Officer filed Bankruptcy - last 10 years?  Yes  No \* = % owned - must total 100% - use 2nd page If necessary.

BANK REFERENCES: (Account # is required)

Bank Name & Address	Phone & Fax #	Acct # (List All)	Contact	Type Acct.

LOANS & LEASES: (Please list all loans & leases you currently have. Use additional page if necessary)

Company Name	Phone #	Fax #	Account #	Original Cost

TRADE REFERENCES:

Company Name	Address	Phone #	Fax #	Contact

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. In the event of default per the stated terms, customer agrees to pay all interest, collection and agency fees and attorney costs as a result of the default. The undersigned hereby authorizes Cemen Tech and/or its assigns and designees to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which Cemen Tech deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that the undersigned, any principal officer of the undersigned, any contemplated officer of the undersigned, or any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony.

I understand that Cemen Tech and other financial institutions to whom this application is presented will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* PLEASE ATTACH A COPY OF YOUR MOST CURRENT FINANCIAL STATEMENTS \*\*\*