



Website Application for Credit

300 Ashworth Road • West Des Moines, IA 50265 • Phone: 866-587-1597 • Fax: 515-223-4220 • www.duracable.com • sales@duracable.com

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 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Federal Tax No. _____
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Applicant (individual signing contract): _____ Title: _____

Applicant's Social Security Number: _____ Real Estate Mortgage: _____

Type of Business: _____ Estimated Annual Sales: _____

Former Business: _____ Location: _____

Own or Rent. If rent, from whom: _____ Value: _____

TRADE REFERENCES

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

Name of Bank: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

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 credit and financial responsibility.

Firm Name: _____

By: _____
Signature Title

By: _____
Signature Title

Please email the completed form to sales@duracable.com or fax the completed form to 515-223-4220.