

////////// CREDIT APPLICATION //////////

300 Ashworth Road • West Des Moines, IA 50265 • Phone: 800-848-3375 • Fax: 515-223-6109

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

Applicant's Social Security Number: _____ Type of Business: _____

Estimated Annual Sales: _____ Real Estate Mortgage: _____

Former Business: _____ Location: _____

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

Real Estate Mortgage: _____

TRADE REFERENCES

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

Name of Bank: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

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 my/our credit and financial responsibility.

Firm Name: _____

By: _____
Signature Title

By: _____
Signature Title