


## CONFIDENTIAL CREDIT APPLICATION

 <b>CROELL</b>	PLANT _____ COUNTY _____		Fax to: 641-394-2402 Email to: credit@croell.com		
	Legal Name		Phone No.		Cell#
Trade Name (If applicable)				Fax #	
Business Physical Address		City	State	Zip	County
Business Mailing Address (If different)		City	State	Zip	County
Type of Business	State of Registration	No. of Employees		Years in Business	Tax ID #
Check One <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> State or Local Government					
Accounts Payable Contact:		Email		Electronic Billing? Need email address above YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>PREVIOUS BUSINESS(ES)</b>	Name(s)		Location(s)		Purchase Orders Required: ___Yes___No
<b>PRINCIPALS</b>  (Owners, partners and principal officers)	Name	Title	Social Security No.	Home Address	Home Phone No.
	Name	Title	Social Security No.	Home Address	Home Phone No.
	Name	Title	Social Security No.	Home Address	Home Phone No.
<b>TRADE REFERENCES</b>					
<b>COMPANY NAME</b>	<b>ADDRESS</b>		<b>PHONE</b>	<b>FAX (Required)</b>	<b>CONTACT PERSON</b>
<b>BANK REFERENCES</b>					
<b>Account Type</b>	<b>Account #</b>	<b>Bank Name</b>	<b>Branch</b>	<b>Fax (Required)</b>	<b>Contact</b>
Checking					
Loan					
Line of Credit					
<b>TERMS AND CONDITIONS (Required)</b>					
<p><b>THE UNDERSIGNED ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY FOR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:</b> The undersigned certifies that he/she has the authority to submit this application on behalf of the applicant, and further certifies that the above information is true and complete and is given for the purpose of obtaining credit with Croell, Inc. Croell, Inc. may verify this information, as well as provide information related to this or related accounts to others seeking such information. <b>THE UNDERSIGNED WHO IS EITHER A PRINCIPAL OR A SOLE PROPRIETOR OF THE CREDIT APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT ON THE UNDERSIGNED BY CROELL, INC., FROM TIME TO TIME AS MAY BE NEEDED, IN THE CREDIT EVALUATION PROCESS.</b> The undersigned hereby authorizes any trade or bank references listed above, or any credit bureau, to disclose any credit information requested. All charges in one month are due and payable by the fifteenth (15th) of the following month. 1 1/2 % per month (18% per annum) late payment charge will be added to accounts 30 days past due. Past due accounts are subject tot withdrawal of charge account privileges. Customers shall pay all costs of collection of sums due including the principle sum, interest thereon, attorneys' fees and cost of suit.</p>					
X _____ Signature		_____ Title		_____ Printed Name	
_____ Date		_____ Date		_____ Date	
X _____ Signature		_____ Title		_____ Printed Name	
_____ Date		_____ Date		_____ Date	
<b>PERSONAL GUARANTY (Required)</b>					
<p>The undersigned each unconditionally guarantees full payment of all present and future indebtedness to Croell, Inc. This guarantee is open and continuous and is given to induce Croell, Inc. to sell or continue to sell product and/or services, and shall remain effective until revoked by the undersigned by notice in writing delivered by certified or registered mail to Croell, Inc. Each guarantor waives presentment, demand, protest, and notice of any kind. If there is more than one guarantor, their obligations are joint and several and action may be brought against any guarantor without first proceeding against applicant, or any other person or security and without pursuing any other remedy. In any proceeding to interpret or enforce this guarantee, Croell, Inc. shall be entitled to recover costs, including attorney fees. <b>THE UNDERSIGNED PERSONAL GUARANTOR, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT ON THE UNDERSIGNED, BY CROELL, INC., FROM TIME TO TIME AS MAY BE NEEDED, IN THE CREDIT EVALUATION PROCESS.</b></p>					
X _____ Signature		_____ Date		X _____ Signature	
_____ Date		_____ Date		_____ Date	
Office Use Only - Approved by _____ Declined by _____ New _____ Updated _____ Viewpoint Acct # _____ Scanned _____ Letter Sent _____					