

	Plant _____ County _____	<b>CONFIDENTIAL CREDIT APPLICATION</b>	Fax to: 641-394-2402	
	Legal Name _____		Phone # _____	Email to: credit@croell.com

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  
 Proprietorship     Corporation     General Partnership     Limited Partnership     LLC     State or Local Government

Accounts Payable Contact: _____	AP Email _____
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<b>Previous Business(es)</b>	Name(s) _____	Location(s) _____	Purchase Orders Required: YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>Principals</b> <small>(Owners, partners and principal officers)</small>	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. _____

**Credit References**

Company Name	City and State	Phone #	Fax # (Required)	Contact Person

**Bank References**

Account Type	Account #	Bank Name	Branch	Fax #	Contact Person
Checking					
Loan					
Line of Credit					

**Terms and Conditions (Required)**

**THE UNDERSIGNED ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY FOR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:** 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. **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.** 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 to 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.

X _____	_____	_____	_____
Signature	Title	Printed Name	Date
X _____	_____	_____	_____
Signature	Title	Printed Name	Date

**Personal Guaranty (Required)**

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. **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.**

X _____	_____	X _____	_____
Signature	Date	Signature	Date

Office Use Only - Approved by _____	Declined by _____	New _____	Updated _____
Viewpoint Acct # _____	Scanned _____	Letter Sent _____	