

CONFIDENTIAL BUSINESS CREDIT APPLICATION

TO: VALLEY DISTRIBUTION CORP.
215 N. SUMMER, PO BOX 150
WEST BURLINGTON, IOWA 52655

PHONE: 800-362-0734/ 319-752-6666
FAX: 319-752-9756
Email: mindy@valleydistribution.com

DATE _____

COMPANY NAME: _____ PHONE: _____

STREET _____ FAX: _____

PO BOX _____ CITY _____ STATE: _____ ZIP CODE _____

COUNTY _____ EMAIL ADDRESS: _____

BUSINESS ESTABLISHED _____ STATE INCORPORATED _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ GOVERNMENT _____

PRINCIPAL OWNER(S)

NAMES _____

AMOUNT OF CREDIT REQUESTED _____ IF TAX EXEMPT: TAX #: _____

BANK NAME _____ CONTACT _____

CITY _____ STATE _____ ZIP CODE _____

TRADE REFERENCES

NAME _____ PHONE _____ FAX _____

ADDRESS _____

NAME _____ PHONE _____ FAX _____

ADDRESS _____

NAME _____ PHONE _____ FAX _____

ADDRESS _____

In signing this credit application I hereby give my permission for Valley Distribution to check my Banking History as well as check my credit references.

This is to certify that our firm is financially able to meet any commitments we have made and to pay our invoices according to your terms of net 10th proximate. We agree to pay a service charge of 1 1/2 % per month or maximum rate allowed by law (\$0.50 minimum) on all past due invoices outstanding at the closing of Valley's books at the end of the following month. **All accounts classified as past due at this time will be placed on C.O.D. basis until the account is returned to a current status and/or the credit line is re-evaluated.** Purchaser will pay all costs of collection, which includes a reasonable attorney's fee should legal action be necessary.

SIGNED _____ TITLE _____ DATE _____