

CONFIDENTIAL BUSINESS CREDIT APPLICATION

To: Valley Distribution Corp.
215 N Summer Street
West Burlington, IA 52655
Phone: 319-752-6666
Fax: 319-752-9756
Email: accounting@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, PLEASE SEND FORM

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 authorize Valley Distribution to check my banking history as well as my trade 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 1½% per month or maximum rate allowed by law (\$0.50 minimum) on all past due invoices outstanding at the closing of Valley Distribution'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: _____

For Office use only:

Salesman: _____
Salesman # _____

Type of business _____
