

KRUDICO, INC.

308 E 4TH STREET
AUBURN, IA 51433
PH: 712-688-2284
FAX: 712-688-2263

EMAIL: krudico@iowatelecom.net

Customer Application For Dealer/Open Account Purchasing

Company Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Ph#: _____ Fax#: _____

Type of Business: Incorporated Company Sole Proprietorship Partnership

Date Established: _____ Is P.O. Required: _____

Names of Owners	Title	Address	Ph#

Line of Credit Requested

Banking References: Only if you are requesting credit/Credit Cards are acceptable.

Bank Name	Ph#
Address	Fax#
City/State/Zip	Contact Person
Acct #	

Trade References to be filled out for verification of business

Name	Address	Ph#	Fax#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Fax numbers are required if requesting and to process credit.

Terms of Open Account Purchasing

Payment of goods or services received is due Krudico, Inc. within 30 days of shipment. A finance charge of 2% monthly, 24% APR will be assessed to accounts past due with a minimum charge of \$1.00 monthly. If account is placed for collection, the undersigned agrees to pay all reasonable costs incurred by Attorney(s) or Collection Agency including Court costs. Should such a suit be instituted, venue will be in Sac County, Iowa.

I, the undersigned, acknowledge that I have read and understand this agreement and hereby authorize Krudico, Inc. or its Bank of Record to obtain a credit bureau search on behalf of this application and also permit my Bank and Companies named to release credit information on my Company or Corporation.

Officer Signature: _____ **Title:** _____
(Application Not Valid Unless Signed By Corporate Officer ie. Company Owner or President)

Date: _____

For Krudico Office Use Only:	
Credit is: _____ Disapproved	Credit Manager: _____
_____ Approved For \$ _____	Date Approved: _____