

1261 Highway 61, Delmar, IA 52037 Phone: 563-674-4227 FAX: 563-674-4147

## **APPLICATION FOR CREDIT**

PLEASE CHECK

OPEN □ COD □ CREDIT CARD □

Phone: 563-674-4227 FAX: 563-674-	4147 OPEI	N 🗆 COD 🗆 CREDIT (	CARD
CONTACT INFORMATION			
YOUR NAME		TITLE	
EMAIL		PHONE	
BUSINESS INFORMATION AS REGI	CTEREN		
COMPANY NAME	JILKED		
ADDRESS		PHONE	
CITY	STATE	1	ZIP CODE
LENGTH OF TIME AT CURRENT ADI		YEARS	MONTHS
BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE		ZIP CODE
BUSINESS REFERENCES - Please	provide three co	mpanies your bus	iness has established credit
1   COMPANY		CONTACT NAME	•
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	IIILL	ZIP CODE
COMMENTS	JIAIL		ZIP CODE
COMMENTS	100.00		
2   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	,	ZIP CODE
COMMENTS		·	
2   004040404			
3   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS	CTATE	TITLE	710.0005
CITY	STATE		ZIP CODE
			PAGE 1 OF 2



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We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, and/or commercial credit reports. We agree to pay a monthly finance charge of 1.5% on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the state of lowa. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of Appliance Parts Supply, LLC.

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THIS IS TO INFORM YOU THAT YOU ARE AUTHORIZING THIS ORGANIZATIONAND/OR ITS SUPPLIERS TO OBTAIN A CONSUMER AND/OR BUSINESS PROFILE CREDIT REPORT. YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION ON THIS REPORT AND REQUEST ADDITONAL DISCLOSURES PROVIDED UNDER SECTION 606§1681d(b) OF THE FAIR CREDIT REPORTING ACT, AND A WRITTEN SUMMARY OF YOUR RIGHTS PUSUANT TO SECTION 609(c). YOU MAY DO THIS BY CONTACTING THE PROVIDER OF THE INFORMATION. PLEASE CALL ONECREDITSOUCE.COM, LLC AT PHONE #1-800-905-9678 AND YOU WILL BE DIRECTED TO THE PROPER CREDIT REPORTING AGENCY OR ASSISTED IN YOUR INQUIRY. THIS ORGANIZATION IS NOT ALLOWED TO GIVE YOU A COPY OF YOUR CREDIT REPORT. YOU ALSO RELEASE FROM LIABILITY ANY PERSONS INVOLVED IN THE CREDIT INVESTIGATION.

Authorized Signati	ure/ little:		Date:		
DEDCOMAL CHADA	, NITEE				
PERSONAL GUARA					
ļ,	the undersigned, for	or and in consideration of your extending			
Legal Name"					
of all monies owed by		(Official Customer Legal Name) (			
		self to pay you on demand any sum which			
		-payment and notice thereof and consent			
		ee to pay, in the event the account becom			
		all collection costs. I also agree to notify a and further agree to be liable for all purc			
	, LLC is authorized to obtain r All information will be held i	my personal credit history for the purposin strict confidence.	e of approval and acceptance of		
Sign Name		Print Name	Date		
Full Legal Name: (printed)		Phone number	E-mail address		
Address	City	State	Zip Code		
Please advise billir	ng preference – check or	ne: Postal mail   Electronic / E-	-Mail 🗆 Fax 🗆		
			PAGE 2 OF 2		