

## **APPLICATION FOR CREDIT** Return form by faxing to 515-473-6471 or email to hheaccounting@housby.com

Name (Applicant):			Phone:		Fax:	
Address/City/	State/Zip:					
Select One:	Corporation	Partnership	Proprietorship	Personal	Desired Credit Limit:	
Date Business	Began:	A	ccounts Payable	Contact:		
Federal ID # o	or Social Secu	ity Number:				
Accounts Paya	able Phone an	d/or Email Ad	ldress:			
			REFERE	NCES		
Checking & Sa	avings:			Contact:		
Address:						
Phone:			Fax			
1 Supplier:				Contact: _		
Address:						
Phone:			Fax			
2 Supplier:				Contact: _		
Address:						
Phone:			Fax			
3 Supplier:				Contact:		
Address:						
Phone:			Fax			
Tax Exempt P	urchases: Yes	No If yes	s, tax permit # (p	lease atta	ich tax form)	
Business Type			Do yo	u require	purchase orders? Yes No	
per month beginn 60 days will be pla limits are set at th Heavy Equipment entitled to recover of any amounts o Returned checks	ing 30 days after aced on COD unle the sole discretion of Should the Appl r its reasonable at utstanding to Exp will result in the co	purchase will be ss special arrang of Housby Heavy icant fail to make torney fees, cost erian on a month ustomer being pla	assessed on the unpa ements have been ma Equipment and may payment in conform s, and expenses in the	the <b>10<sup>th</sup> of</b> id balance in ode between be raised at t ance with the e enforcement BASIS.	<b>f the month after purchase.</b> A service charge icluding previous service charges. All accounts particular the request of the customer and approval of Houses Terms and Policies, Housby Heavy Equipment int of its rights, from Applicant. Housby reports the the request of the customer and policies.	ast due . Credit sby t shall be
SIGNATURE			т		DATE	
Housby Heavy	y Equipment L	<b>LC,</b> 4747 N.E.			50313 – ph. 515/266-2666 fax 515/26 (Revised 8/2017)	56-6830