

COOTS MATERIALS COMPANY
1700 WEST D STREET
VINTON, IOWA 52349
PHONE 319 472 3046 FAX 472 4485
www.cootsmaterials.com
CREDIT APPLICATION

NAME/BUSINESS NAME			
ADDRESS	CITY	STATE	ZIP
PHONE ()	SOCIAL SECURITY #		
ARE YOU SALES TAX EXEMPT? ()NO ()YES (if "yes" please fax copy of cert. to above #)			

EMPLOYER/COMPANY			
ADDRESS	CITY	STATE	ZIP
PHONE ()	FAX ()		
CONTACT PERSON			YEARS ESTABLISHED

BANK			
ADDRESS	CITY	STATE	ZIP
PHONE ()	FAX ()		
CONTACT PERSON			YEARS ESTABLISHED

BUSINESS REFERENCE (Where you've established credit)

NAME			
ADDRESS	CITY	STATE	ZIP
PHONE ()	YEARS ACQUAINTED		

I/WE HEREBY AGREE THAT THE INFORMATION FURNISHED ON THIS CREDIT APPLICATION IS TRUE AND CORRECT. I/WE HEREBY AUTHORIZE COOTS MATERIALS COMPANY TO INVESTIGATE ALL INFORMATION GIVEN AND HOLD FREE FROM LIABILITY ALL CREDITORS AND OTHER PERSONS WHO MAY RESPOND

AUTHORIZED SIGNATURE

DATE

**BE SURE TO SIGN AND DATE FRONT AND BACK OF FORM
FILL ALL INFORMATION OUT AND FAX FRONT AND BACK OF FORM**

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ALL ACCOUNTS ARE DUE 10 DAYS FROM INVOICE DATE. ACCOUNTS BECOME DELINQUENT 30 DAYS FROM FROM INVOICE DATE. DELINQUENT ACCOUNTS ARE CHARGED A FINANCE CHARGE ON PAST DUE BALANCES COMPUTED AT A RATE OF 1.5% PER MONTH OR 18% ANNUALLY.

NO ACCOUNT WILL BE CONSIDERED PAID IN FULL UNTIL ALL ACCRUED FINANCE CHARGES ARE PAID, ALONG WITH ANY OUTSTANDING ACCOUNT BALANCES.

CUSTOMER IS LIABLE FOR ALL APPLICABLE SALES TAX UNLESS APPROPRIATE SALES TAX EXEMPTION FORM IS PROVIDED. WE WILL NOT ACCEPT ICC NUMBERS OR FEDERAL ID NUMBERS. AS PER STATE LAW, WE WILL ONLY ACCEPT A STATE SALES TAX NUMBER.

ANY DISCOUNTS IMPROPERLY TAKEN WILL BE CHARGED BACK TO ACCOUNT AND WILL BE CARRIED ON THE BOOKS UNTIL PAID.

AFTER AN ACCOUNT BECOMES DELINQUENT AND PAYMENT IS NOT SECURED ACCORDING TO THE ABOVE TERMS, OR UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE PRIOR TO PURCHASE, THE ACCOUNT WILL BE CLOSED AND LEGAL ACTION INITIATED.

ACCEPTANCE:

I HAVE READ THE POLICY STATEMENT OF COOTS MATERIALS COMPANY AS DETAILED ABOVE AND AGREE TO THE TERMS STATED.

ACCOUNT NAME: _____

BY: _____

DATE: _____