



Return by mail, fax or email to one of these locations:

5325 NW 2nd Ave. 21644 Williams Circle Ste B
 Des Moines, IA 50313 Gretna, NE 68021
 Office 515-265-RENT(7368) Office (402) 880-0712
 Fax 515-265-9944 Fax 402-915-0039
 Email: info@cs-shoring.com

Internal use only

Credit Approved _____ Credit Limit _____

Approved by _____

CREDIT APPLICATION

Name Phone Fax

Mailing Address
 Shipping Address

Type of Business Corporation Partnership Proprietorship Other

Year Established Fed ID #

Owners / Officers

	Name & Title	Address	Phone #	Soc. Sec. #
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact

Name Email

Invoices Mailed Invoices Emailed to:

Trade References:

	Name & Title	Address	Phone #	Fax #
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank References:

Name Phone #
 Address Fax #
 Contact Account #

Terms:

- 1 I hereby authorize our bank to release necessary credit information.
- 2 I certify that all information provided is complete and correct.
- 3 I agree to pay all invoices within 30 days terms.
- 4 I agree to pay a late payment penalty of 1.5% per month on invoices past terms.
- 5 I agree to pay all costs of collection including attorney fees and court costs.
- 6 I agree to personally guarantee all amounts owed to Contractor Solutions LLC.
- 7 I agree this is not a consumer credit transaction. This is a commercial transaction.

Signature Date
 Print Name Title