Des Moines • Omaha • Kansas City • Tulsa • St. Louis
accounting@cs-shoring.com • www.cs-shoring.com
855-859-4212 Phone • 515-265-9944 Fax

Corporate Headquarters & Remit to:
P.O. Box 99 • Altoona, IA 50009

CREDIT APPLICATION

Internal use only

Approved by _____ Credit Limit _____

Date Approved _____

Business Name _____ Phone _____ Fax _____

Street Address _____ Mailing Address _____

_____ _____

Type of Business ☐Corporation ☐Partnership ☐Proprietorship ☐Other _____

Year Established _____ Fed ID _____

Owners / Officers

	Name & Title	Address	Phone #	Soc. Sec. #
1				
2				

Accounts Payable Contact

Name	Email	Phone #

Invoices/Statements Emailed to: _____

Trade References:

	Company Name	Address	Phone #	Email
1				
2				
3				
4				

Bank References:

Name _____ Phone # _____

Address _____ Fax # _____

Contact _____ Account # _____

How did you hear about us? _____

Terms:

1 I hereby authorize our bank and trade references 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.
8 I, the undersigned, certify that I am an owner or authorized principal of the business applying for credit and am authorized to bind the business named above. By signing this application, I, and the business named above, agree to the terms and conditions stated herein.

Signature _____ Date _____

Print Name _____ Title _____