



1775 Old 6 Road, PO Box 535, Brooklyn, IA 52211-0535
 Ph 641-522-9206 FAX 641-522-9407
 Website: www.manatts.com

CREDIT APPLICATION **PLANT PURCHASING FROM: _____**

Business Name:	Phone #	Contact Person:
Street Address:	FAX #	A/P Contact:
City:	Cell Ph #	Nature of Business:
State and Zip:	E-mail address:	Years Established:
Mailing Address: (if different than above)	<input type="checkbox"/> Individual SS#	<input type="checkbox"/> Limited Liability Co
Name:	<input type="checkbox"/> Corporation State of	State of
Address:	Fed ID #	Fed ID #
City: State: Zip:	<input type="checkbox"/> Partnership	Fed ID #

NAME AND ADDRESS OF OWNERS OR CHIEF OFFICERS

Name and Title:	Name and Title:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Ph#	Ph #

BILLING INFORMATION

Are you tax exempt? (If so, please enclose copy of your exempt certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require purchase order numbers on our invoices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require project numbers on our invoices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Our selling terms to you are Net 30 Days. Do you understand this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you furnish financial statements if requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRADE REFERENCES

Business Name:	Business Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #	Phone#
FAX #	FAX #
Business Name:	Business Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #	Phone #
FAX #	FAX #

BANK REFERENCES

Name:	Name:
Type of Account:	Type of Account:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #	Phone #
FAX #	FAX #
Loan Officer:	Loan Officer:
Account #	Account #

**IMPORTANT – PLEASE READ
APPLICANT’S SIGNATURE AUTHORIZES MANATTS, INC. TO CONTACT YOUR TRADE
REFERENCES AND YOUR BANK FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION.
THIS RELEASE AND AGREEMENT TO TERMS OF THIS APPLICATION MUST BE SIGNED
BEFORE WE CAN PROCESS YOUR APPLICATION.**

**IF YOU ARE FILLING THIS APPLICATION OUT ON OUR WEBSITE, PLEASE PRINT IT OUT TO SIGN THE APPLICATION.
THEN MAIL YOUR APPLICATION TO MANATTS, INC., PO BOX 535, BROOKLYN, IA 52211-0535
OR FAX IT TO (641) 522-9407**

AS THE APPLICANT, I HAVE LISTED INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT WITH MANATTS, INC. THE INFORMATION SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT. MANATTS, INC. IS AUTHORIZED TO INVESTIGATE THE REFERENCES LISTED AND OTHER SOURCES TO DETERMINE MY CREDIT STANDING AND FINANCIAL OBLIGATIONS.

I DO HEREBY AGREE TO PAY ANY AND ALL OBLIGATIONS TO MANATTS, INC. WITHIN THIRTY DAYS OF THE DATE ON THE INVOICE. IF, AT ANY TIME, I FAIL TO MEET THOSE TERMS, I AGREE TO PAY INTEREST COMPUTED AT THE RATE OF 1½% PER MONTH ON THE UNPAID BALANCE OF THE ACCOUNT, NOT TO EXCEED 18% ANNUALLY. IN THE EVENT THAT MANATTS, INC. SHOULD INCUR COLLECTION COSTS, OR INSTITUTES SUIT TO COLLECT ANY UNPAID CHARGES ON MY ACCOUNT, I AGREE TO PAY SUCH ADDITIONAL COLLECTION COSTS, CHARGES AND EXPENSES, INCLUDING BUT NOT LIMITED TO, REASONABLE ATTORNEY FEES IF MY ACCOUNT IS PLACED WITH AN ATTORNEY FOR COLLECTION. I FURTHER AGREE TO PAY INTEREST, COLLECTION COST, CHARGES AND EXPENSES AGAINST ANY ACCOUNT I MAY ESTABLISH WITH MANATTS’ INC. AT ANY TIME IN THE FUTURE BY PLACING AN ORDER FOR PRODUCT WITH IT. I UNDERSTAND THAT I CAN AVOID THE PAYMENT OF SUCH INTEREST COSTS, CHARGES AND EXPENSES BY PAYING MY ACCOUNT WITHIN THIRTY DAYS OF THE DATE OF THE INVOICE.

SIGNATURE _____ TITLE _____

DATE _____

PERSONAL GUARANTEE BY OWNER

IN CONSIDERATION OF MANATTS, INC. EXTENDING CREDIT TO THE ABOVE ENTITY APPLYING FOR CREDIT, I _____ (PRINT NAME) DO HEREBY PERSONALLY GUARANTEE PAYMENT FOR ALL MATERIALS AND SERVICES THE ENTITY MIGHT RECEIVE FROM MANATTS, INC. THIS GUARANTEE SHALL REMAIN IN EFFECT FOR ALL PURCHASES MADE UNTIL IT IS WITHDRAWN BY ME GIVING WRITTEN NOTICE TO MANATTS, INC., PO BOX 535, BROOKLYN, IA 52211-0535.

GUARANTOR/ OWNER _____ DATE _____
(Signature Required)