

## 1775 Old 6 Rd PO Box 535 Brooklyn, IA 52211-0535 PH: 641-522-9206; Fax: 641-522-9407 suemcc@manatts.com

Office Use Only

Account #: \_\_\_\_\_

App Date: \_\_\_\_\_

Location:

suemcc@manatts.com								
BUSINESS CONTACT INFORMATION								
Company Name:					FEIN	J:		
Owner:				Nature of Busine	ess:			
Mailing Address:					Year	s Est:		
City, State, Zip:								
Phone:		Fax:			Cell:			
A/P Contact:				Email Address:				
Receive Invoices/Stat	ements by Email?	Yes	No		PO F	Required?	Yes	No
Type of Business:	Sole Proprietorshi	p Par	tnership	Corporation	LLC	Other		
BANK REFERENCE								
Bank Name:								
Bank Address:								
City, State, Zip:								
Contact Person:								
Phone:				Fax:				
Type of Account:	Const Loan C	hecking	Savings					
BUSINESS/TRADE REFERENCES								
Company Name:								
Address:	Phone:							
City, State, Zip:					Fax:			
Email:								
Company Name:								
Address:					Phor	ne:		
City, State, Zip:				Fax:				
Email:								
				EMENT				
Applicant's signature authorized me signed below before the appli suemcc@manatts.com. CreditS	ication can be processed. Plea	se mail applicat	tion to: Manatt's, I	nc., Attn: Credit Mgr, P	O Box 535, Bro	oklyn, IA 52211-0	0535, fax to : (6	41) 522-9407, or email:
application is true and correct. Ma and all obligations to Manatt's, In	anatt's, Inc., is authorized to inv c, within 30 days of the date or	vestigate the refe the invoice. If, a	erences listed and out any time, I fail to	other sources to determin meet those terms, I agre	e my credit stan e to pay interest	dings and financia computed at the r	I obligation. I do ate of 1 1/2% pe	herby agree to pay any er month on the unpaid
balance of the account, not to ex account is placed with an attorne	ceed 18% annually. In the ever	it that Manatt's, I	nc., should incur c	ollection costs, charges a	nd expenses, in	cluding but not lim	ited to, reasonal	ble attorney fees if the
Signature:					Date	:		
PERSONAL AGREEMENT								
In consideration of Manatt's, Inc., guarantee payment for all materia	extending credit to the above	entity applying fo	r credit, I	uoroptoo oboro will romoi	n in offect for all	(P	'RINT NAME), d	o hereby personally
notice to Manatt's, Inc., Attn: Cre	dit Mgr, PO Box 535, Brooklyn,	IA 52211-0535				purchases made	undi it is withdfa	wn sy me giving written
Signature:					Date	:		
		V	SA MasterCard					