



527 Park Lane, Suite 200
Waterloo, IA 50702

Phone: 319-234-7942 Fax: 319-234-7978

CREDIT APPLICATION

Company Name _____

Shipping Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Accounts Payable Contact _____ Email _____

Type of Organization: Corporation Partnership Individual

If Corporation, Date and State of Incorporation _____

Number of Years in Business _____ Type of Business _____

Owners and/or Officers _____

Are you an OPGA/POINT member? YES or NO If yes, member # _____

REFERENCES:

Bank _____ Address _____

Bank Officer Name and Phone # _____

	<u>Name of Creditor</u>	<u>Address</u>	<u>Contact</u>
1.	_____	_____	_____
	Phone: _____		Fax: _____
2.	_____	_____	_____
	Phone: _____		Fax: _____
3.	_____	_____	_____
	Phone: _____		Fax: _____

Signature _____ Title _____ Date _____

YOUR SIGNATURE ABOVE MEANS YOU AGREE TO OUR TERMS OF NET 30 DAYS WITH FINANCE CHARGES OF 1.5% PER MONTH (18% PER ANNUM) CHARGED ON ALL PAST DUE ACCOUNTS.

PLEASE RETURN COMPLETED APPLICATION
by email to nwheelock@clarkpo.com OR by fax to 800-408-3595
OR MAIL TO: 527 Park Lane, Suite 200 – WATERLOO, IA 50702