

Account Number: _____
Account Type: _____**Stutsman Logistics, Inc.**

PO Box 111, Hills, IA 52235

855-679-5255 • Local 319-679-5255 • Fax 888-613-7091

website: www.stutsmanlogistics.com**CREDIT APPLICATION**

Customer warrants that the following information is accurate and complete: (Please attach additional sheets as needed)			
Name of Customer (Legal Name):		FEIN:	
DBA Name of Business:			
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number	Fax Number		
Contact Person – Position	DUNS #		
E-mail Address			
Important: Attach most recent financial statement if credit limit requested is \$50,000 or more, or if in business less than 2 years.			
Date Business Commenced:	Annual Sales:	Limit Requested:	
Please check One:			
Sole Proprietor		Partnership	Corporation
Other: _____			
Sales Tax Exemption: Customer will be charged the applicable sales tax on all purchases unless Customer submits a valid resale certificate or other proof of exemption on this form.			
Sales Tax I.D. #: _____			
Has this business or any principals ever been involved in bankruptcy or any other insolvency proceedings?			
Yes		No (If yes, please attach a letter with explanation)	
Please check box if a reference sheet is attached and sign Terms and Conditions on Second Page. Otherwise, please continue filling out the information requested below.			

<u>Names of Principals</u>	<u>Title</u>	<u>Address</u>	<u>City/State</u>

Internal Use Only
 Account Number: _____
 Account Type: _____

BANKING			
(Important! Fax number and area code will accelerate application processing)			
Name of Account Holder	Account Number	Bank Officer	
Name of Account Holder	Line of Credit Account Number	Bank Officer	
Bank Name	Phone Number	Fax Number	
Mailing Address	City	State	Zip

TRADE REFERENCES			
(Important! Fax numbers and area codes will accelerate application processing)			
<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Fax Number</u>
1.			
2.			
3.			

Terms and Conditions:

For the purpose of establishing a line of credit with Stutsman Logistics, Inc., I certify that all of the information on this form and all other information now or hereafter submitted in connection with this request for credit, including any and all financial statements is correct. I authorize them to obtain credit information from my bank and any other available references. Payment terms are net 30 and I agree to pay a late charge of 1.5% per month or the highest legal rate, whichever is less if not paid within the terms. I also agree to pay all costs of collection, including reasonable attorney fees incurred by or on behalf of Stutsman Logistics. Stutsman Logistics reserves the right to deny or alter credit terms at any time.

 Legal Name of Customer

 Officer, Owner or Authorized Agent Signature

 Print Name of Person Signing

 Title

 Date