

Ironite by Kwik-Way Inc.
500-57TH Street
Marion, IA 52302
PH# 1-800-553-5953
FAX# 1-319-377-9101

DISTRICT MGR _____

EQUIPMENT _____

CUSTOMER NO. _____

ORDER AMOUNT \$ _____

CREDIT APPLICATION
(This is not a purchase agreement.)

(LEGAL NAME)

(DBA, IF ANY)

(ADDRESS)

(PHONE NUMBER)

(CITY) (STATE) (ZIP)

BUSINESS IS: _____ PROPRIETORSHIP

_____ CORPORATION _____ PARTNERSHIP

(CONTACT NAME)

YEARS IN BUSINESS: _____

BANK REFERENCE

1. _____
(NAME)

(ACCOUNT NO. - CHECKING)

(CITY) (STATE)

(LOAN OFFICER) / (TELEPHONE NO.)

MAJOR TRADE REFERENCES

1. _____
(NAME)

2. _____
(NAME)

(CITY) (STATE)

(CITY) (STATE)

(TELEPHONE NO.) (CONTACT)

(TELEPHONE NO.) (CONTACT)

METHOD OF FINANCING : _____ LEASE _____ MONTHS _____ FACTOR
_____ NET 30 _____ 30/60/90 (25% DP)

(PRINCIPAL[S] NAME)

(PRINCIPAL[S] NAME)

(HOME ADDRESS)

(HOME ADDRESS)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

(HOME PHONE) (SOCIAL SECURITY NO.)

(HOME PHONE) (SOCIAL SECURITY NO.)

I/we authorize Ironite by Kwik-Way Inc. or any other entity or party that Ironite by Kwik-Way Inc. provides this application to, to obtain business as well as personal information regarding my/our credit history via banks, trade references, credit reporting companies and any other extenders of credit in order to determine credit worthiness.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

CUSTOMER SIGNATURE _____ DATE _____