



The Body Part Store
1863 NE 54th Avenue
Des Moines, IA 50313
Phone (515) 265-9999
Fax (515) 265-4218

APPLICATION FOR CREDIT

Company Information

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____ County: _____

Send Monthly statements to above email address? Yes No

Shipping Address (if different from billing address):

Shipping Address: _____

City: _____ State: _____ Zip: _____

Company Structure

Corporation: _____

Sole Proprietor: _____

Partnership: _____

Limited Liability Corp.: _____

Years in Business: _____

Names of Owners, Partners, Officers

Name/Title

Home Address

Home Telephone

Account Information

Accounts Payable Contact: _____

Type of Business: _____

Credit Line Requested: _____ Have you ever received credit from us: Y / N
When: _____

Resale Certificate #: _____ State of Issue: _____

** A Sales Tax Exemption form MUST be completed before exemption status will be given**

Bank Information

Bank Name: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Contact Person: _____

Trade References

To expedite your application, please give at least three credit references with complete contact information including phone and fax

Name	City, State	Fax Number	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The applicant herein agrees to pay all accounts by the 10th of the month, and further understands that all past due accounts shall accrue interest at the rate of 1.5% per month. Customer also agrees to pay all reasonable legal and collection fees required to collect any past due balances, should such action be warranted.

Must be signed by an officer/owner:

Signature

Date