

**CREDIT APPLICATION** 

Card Holder Name

## **DEALER CREDIT APPLICATION**

**BUSINESS OR ORGANIZATION** 

\*\*\*PLEASE NOTE: PRINCIPAL SIGNATURE REQUIRED FOR CREDIT TERMS TO BE CONSIDERED\*\*\*

BUSINESS NAME			TYPE OF BUSINESS			
ADDRESS			IOWA SALES TAX EXEMPT //RESALE #			
CITY	STATE		ZIP		HOW LONG IN BUSINESS	
PHONE#	FAX#			EMAIL:		
CONTACT NAME:		CORPORATION_	L			
TYPE OF BUSINESSES OR ORGANIZATION			LTD PARTNERSHIP INDIVIDUAL			
BANKS						
1				CHECKING		LOAN
2				CHECKING		LOAN
PRINCIPALS IN COMPANY						
NAME	ADDRESS			TELEPHONE #		EMAIL:
NAME	ADDRESS			TELEPHONE #		EMAIL:
CREDIT REFERENCES						
COMPANY NAME:	PHONE #		FAX#		EMAIL:	
COMPANY NAME:	PHONE #		FAX#		EMAIL:	
COMPANY NAME:	PHONE #		FAX#		EMAIL:	
COMPANY NAME:	PHONE #		FAX#		EMAIL:	
COMPANY NAME:	PHONE #		FAX#		EMAIL:	
I acknowledge and agree that interest at the rate of 1 1/2% referral to an attorney or collection agency, I agree to pay a certify that, to the best of my knowledge, the above inform.  This guarantee is made for the benefit of, and to obtain cre-	all costs of collect ation is complet	ction including reasonable atto e and accurate as of the date	rney's fees. I under of this application	rstand that the abo	ove information is give	en for the purpose of obtaining credit and I
limited to payment of all present and future indebtedness to of its cancellation. Such cancellation shall not alter any obline undersigned nereby audionzes solar Dynamics, LLC information to Solar Dynamics, LLC or its agent, and hold I collection and interest at the maximum legal rate in the every	o Solar Dynamic ligation of the ur or its agent to in narmless said di	es, LLC. This guarantee shall on ndersigned arising prior to receive sugate hishier credit and au sclosure. The undersigned gra	continue in effect un eipt of such written r июпzes апу рапк, г	ntil the undersigned notice, including al mongage renuer o	d has notified Solar D I cost for collections a manuforus credit refe	rynamics, LLC in writing via certified mail and attorney fees. rences or any other party to release
PRINCIPAL NAME SOCIAL SEC					RITY#	
PRINCIPAL SIGNATURE				DATE		
THE FOLLOWING CREDIT CARD INFORM	MATION MU	ST BE COMPLETED A	AND SIGNED.	You will NOT	be considered	I for NET TERMS if it is not
cc#	Card type			Expiration Date		

lowa customers must provide Sales Tax Exempt/Resale Certificate with this Application. lowa Sales Tax will be charged if no form is returned.

Card Holder Signature