



# Application For Credit

- TRIPLETT COMPANIES
- OFFICE FURNITURE USA
- TRIPLETT OF EASTERN IOWA

3553 109th Street - Des Moines, Iowa 50322 - Tel: 515.270.9150 - Fax: 515.270.9683  
 4482 Dodge Street - Highway 20 West - Dubuque, IA 52003 - Tel: 563.690.0230 - Fax: 563.690.0241

Date \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

Business trade name d/b/a \_\_\_\_\_

Business address \_\_\_\_\_  
street p.o. box

city and state zip

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

A/P contact name \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of business \_\_\_\_\_ Date business started \_\_\_\_\_

Number of employees \_\_\_\_\_ D & B # \_\_\_\_\_ Sales tax # \_\_\_\_\_

Partnership  Proprietorship  Corporation  CHECK ONE

Names of principals \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**BANK** \_\_\_\_\_  
name address phone #

Checking  Loans  Savings  
 \_\_\_\_\_  
 account # account # account #

Bank officer \_\_\_\_\_ E-mail \_\_\_\_\_

**BANK** \_\_\_\_\_  
name address phone #

Checking  Loans  Savings  
 \_\_\_\_\_  
 account # account # account #

Bank officer \_\_\_\_\_ E-mail \_\_\_\_\_

### CURRENT CREDIT REFERENCES:

- |    | name  | address | phone | e-mail |
|----|-------|---------|-------|--------|
| 1) | _____ | _____   | _____ | _____  |
| 2) | _____ | _____   | _____ | _____  |
| 3) | _____ | _____   | _____ | _____  |
| 4) | _____ | _____   | _____ | _____  |

Will you accept invoices via FAX  E-MAIL  ? Is Purchase Order Required Yes  No  ?

**TERMS:** We have Visa, MasterCard, American Express, cash or check. You may establish a Triplett account. Terms are all invoices due for payment 15 days from date of invoice. If unpaid after 30 days a late charge of 1.5% (18% per annum) will be added to the outstanding balance. If account is outstanding after 60 days no shipments will be made until outstanding balance is paid. Sales tax will be added to all purchases unless your signed Tax Exemption Certificate is on file with us.

**IF PARTNERSHIP, PROPRIETORSHIP OR CORPORATION**

**READ AND SIGN BELOW**

I (We) understand that the information furnished to you on this Application for Accounts for the purpose of obtaining credit from your firm. I (We) further understand that your firm may at any time refuse to grant credit to me even though credit is initially granted pursuant to this Application. I am (We are) authorized in my (our) capacity, to bind my (our) firm for any and all credit which you advance to us. It is further understood and agreed that all accounts for monies due Triplet Companies, shall be due and payable at its office in Des Moines, Iowa. That all past due accounts, notes or judgments shall bear interest from the date of indebtedness is first incurred until paid at the rate of 1.5% per month of unpaid balance. In addition, if the account or notes are placed in the hands of an attorney for collection, then the debtor and his guarantors, if any, shall be liable for reasonable attorney's fees and all reasonable costs incurred in the collection of said indebtedness.

Name of Firm: \_\_\_\_\_

By: \_\_\_\_\_  
NAME

Title: \_\_\_\_\_

**IF PARTNERSHIP OR PROPRIETORSHIP PLEASE READ AND SIGN BELOW**

In consideration of credit being extended to the above firm, I (We) (if more than one are executing this Guaranty they shall be jointly and severally liable) personally guarantee all indebtedness, interest, costs and attorney's fees, if any, that may become due Triplet Companies. I (We) further agree that the liability hereunder is direct and primary. There is no obligation on the part of Triplet Companies. to exhaust remedies against the firm above named prior to enforcement of the Guaranty. This Guaranty is an absolute, complete and continuing Guaranty, and no notice of indebtedness created by the above named firm or any extension of credit already or hereafter by or extended need be given. The terms of this indebtedness may be arranged, extended and/or renewed without notice to the Guarantor. I (We) agree to within five (5) days from the date of demand, pay any and all indebtedness which is owed by the above named firm to Triplet Companies, Plus all interest, costs, and attorney's fees, if any, that are due and owing.

\_\_\_\_\_  
SIGN INDIVIDUALLY -- NOT AS CORPORATE OFFICER

Date: \_\_\_\_\_

**ALL ACCOUNTS**

**TO WHOM IT MAY CONCERN**

I (We) authorize any person having information as to the above named firm to release financial information and credit reports to Triplet Companies. We further authorize the release of financial information of credit reports on the Guarantors listed above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Date opened _____
Limit _____
Notified _____
Disapproved _____

**SIGNATURES MUST BE MADE WHERE REQUIRED BY AN AUTHORIZED AGENT OF THE COMPANY, REQUESTING CREDIT, BEFORE CREDIT WILL BE EXTENDED.**