

CREDIT APPLICATION (PLEASE FILL OUT COMPLETELY)

Remit to : QuickTrans
P. O. Box 1333
Mason City, IA 50402
641-424-1511 Fax: 641-423-7843

COMPANY NAME: _____ PHONE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNTS PAYABLE CONTACT: _____

DATE BUSINESS STARTED: _____ TYPE OF BUSINESS: _____

PRINCIPAL INDIVIDUALS

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

BANKING REFERENCE

BANK NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CHECKING ACCT #: _____ SAVINGS ACCT#: _____

*****SIGNATURE: _____*****

OPEN ACCOUNT TRADE REFERENCES

(Please list three industry suppliers from whom
you are purchasing on open account basis.)

NAME: _____ FAX #: _____

ADDRESS : _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____ ACCT#: _____

NAME: _____ FAX #: _____

ADDRESS : _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____ ACCT#: _____

NAME: _____ FAX #: _____

ADDRESS : _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____ ACCT#: _____