



Nutra-Flo Company

1919 Grand Avenue • Sioux City, Iowa 51106-5708

Ph: 712-277-2011 • Fax 712-279-1946

The following information will be kept in strict CONFIDENCE and will be used only for the purpose noted.

APPLICATION FOR CREDIT

Date _____

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

If company, type of ownership: Corporation _____ Partnership _____ Individual _____

Owners or Principals Names:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

State Incorporated _____ Year _____

How long have you been in business? _____ How long at present address? _____

Type of Business _____ Listed with Dun & Bradstreet? _____

Are purchase orders required? Yes _____ No _____

Person to contact regarding Accounts Payable _____

Will firm submit a financial statement upon request? Yes _____ No _____

<u>Bank Reference</u>	<u>Address</u>	<u>Phone</u>	<u>Banker's Name</u>
-----------------------	----------------	--------------	----------------------

1. _____

2. _____

Business references you have been recently doing business with.

Name _____ Street _____

City _____ State _____ Zip _____

Name _____ Street _____

City _____ State _____ Zip _____

Name _____ Street _____

City _____ State _____ Zip _____

I (we) understand that the information furnished you on this page is for the purpose of obtaining credit from your firm. That I am (we are) authorized in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due you shall be due and payable at your place of business.

Name _____ Title _____