



625 West "O" Street Lincoln, NE 68528
Ph: 402-474-3235 Fax: 402-474-6076
Commercial Credit Application

Company Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Sales Tax No _____

Officers _____ Title _____

_____ Title _____

Type of Business _____

Current Bank _____ Address _____

REFERENCES:

1. Name _____ Address _____

City _____ State _____ Zip _____ Acct.# _____

Phone _____ Fax _____ Email _____

2. Name _____ Address _____

City _____ State _____ Zip _____ Acct.# _____

Phone _____ Fax _____ Email _____

3. Name _____ Address _____

City _____ State _____ Zip _____ Acct.# _____

Phone _____ Fax _____ Email _____

Terms: Accounts must be paid by the 10th of the month. All account past 60 days will become cash only. Minimum monthly finance charge \$1.00. Applicant's signature attests financial responsibility in accordance with our stated terms. Finance charge, legal fees, collection and court costs involved in collecting past due charges will be the responsibility of the principals/officers of the company applying for credit.

Date _____ Name(print) _____

Title _____ Signature _____