



4825 N.W. SIXTH DRIVE  
 DES MOINES, IOWA 50313  
 OFFICE (515) 282-4415  
 FAX (515) 282-0932  
 (800) 622-5566

4850 J STREET SW  
 CEDAR RAPIDS, IOWA 52404  
 OFFICE (319) 861-2136  
 FAX (319) 861-2143  
 (800) 576-3711

## APPLICATION FOR CREDIT

### 1. Company Information

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	State      Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	No. of Employees	Year Business Established
Federal Tax ID (If incorporated)	State of Incorporation	
E-Mail Address	Website	
Type of Business (Check only one): <input type="checkbox"/> Steep Slope Roofing <input type="checkbox"/> Low Slope Roofing <input type="checkbox"/> Steep & Low Slope Roofing <input type="checkbox"/> Remodeler <input type="checkbox"/> Home Builder <input type="checkbox"/> General Contractor <input type="checkbox"/> Retailer/Lumber Yard <input type="checkbox"/> Other:		
How would you like to receive your invoices? <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

### 2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State      Zip

### 3. Bank Information

Bank Name	Account No.	Contact Name
Address	City	State      Zip      Phone #

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, and/or commercial credit reports.

We agree to pay a monthly finance charge of 1.5% on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the state of Iowa. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of Gannon Roofing Supply.

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THIS IS TO INFORM YOU THAT YOU ARE AUTHORIZING THIS ORGANIZATION AND/OR ITS SUPPLIERS TO OBTAIN A CONSUMER AND/OR BUSINESS PROFILE CREDIT REPORT. YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION ON THIS REPORT AND REQUEST ADDITIONAL DISCLOSURES PROVIDED UNDER SECTION 606§1681d(b) OF THE FAIR CREDIT REPORTING ACT, AND A WRITTEN SUMMARY OF YOUR RIGHTS PUSUANT TO SECTION 609(c). YOU MAY DO THIS BY CONTACTING THE PROVIDER OF THE INFORMATION. PLEASE CALL ONECREDITSOUCE.COM, LLC AT PHONE #1-800-905-9678 AND YOU WILL BE DIRECTED TO THE PROPER CREDIT REPORTING AGENCY OR ASSISTED IN YOUR INQUIRY. THIS ORGANIZATION IS NOT ALLOWED TO GIVE YOU A COPY OF YOUR CREDIT REPORT. YOU ALSO RELEASE FROM LIABILITY ANY PERSONS INVOLVED IN THE CREDIT INVESTIGATION.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Approved Credit Limit	Approval Signature	Date	Sales Person ID
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***“OUR SERVICE SPEAKS FOR ITSELF”***

