

# CAMPBELL SUPPLY Co.

## Industrial, Safety & Construction Supplies

www.campbellsupplyco.com

campbell@campbellsupplyco.com

### Cedar Rapids

2127 N. Towne Ln, NE  
Cedar Rapids, IA 52402

800.798.8665

### Des Moines

1493 E Army Post Rd  
Des Moines, IA 50320

515.287.7542

### Iowa Falls

710 S Oak  
Iowa Falls, IA 50126

800.782.5134

### Sioux City

2650 Bridgeport Dr.  
Sioux City, IA 51111

800.252.6120

### Waterloo

325 W.11th St.  
Waterloo, IA 50702

800.891.3044

### CREDIT APPLICATION

Please download or print, fill out & email back to [info@campbellsupplyco.com](mailto:info@campbellsupplyco.com)

#### APPLICANT DATA

Company Name

Main Telephone

Billing Address

City

State

Zip Code

Shipping Address (if different)

City

State

Zip Code

Main Fax

Business Type

Years in Business

#### GENERAL INFORMATION

Credit Line Request (per Month): \_\_\_\_\_ DUNS# \_\_\_\_\_

Are you Sales Tax Exempt:  YES  NO

*If YES - Please Provide Resale Certificate with Application*

Do you require P.O. Numbers:  YES  NO

#### CONTACT INFORMATION

Owner Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Purchaser Fax: \_\_\_\_\_

Purchasing E-mail Address: \_\_\_\_\_

#### ELECTRONIC COMMERCE

Company Web Address: \_\_\_\_\_

Will you accept Invoice by E-mail:  YES  NO

*If YES, A/P E-mail Address: \_\_\_\_\_*

*If NO, Invoices will be faxed unless other arrangements are made.*

Monthly Statements will be sent upon request only.  YES  NO

Are you able to Pay with Electronic Funds Transfer:  YES  NO

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**TRADE REFERENCES**

1. Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax (required) \_\_\_\_\_

2. Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax (required) \_\_\_\_\_

3. Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax (required) \_\_\_\_\_

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**BANK INFORMATION**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Checking Account # \_\_\_\_\_ Line of Credit \_\_\_\_\_

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**\* \* \* Signature Required \* \* \* IMPORTANT \* \* \* Signature Required \* \* \***

I/We the undersigned, have listed information for the purpose of obtaining credit. I/We hereby attest that the information supplied on this application is true and correct. I/We hereby authorize you to investigate the references here in listed, and to investigate other sources to determine my/our credit standing and financial obligations.

I/We do hereby agree to pay any and all obligations to Campbell Supply Co. under the terms of net thirty days from date of invoice. If, at any time, I/We fail to meet these terms, I/We agree to interest computed at the rate of 1.65% per month. In the event that Campbell Supply Co. should incur collection costs, charges and expenses, including but not limited to, reasonable attorneys/solicitors fees if account is placed in the hands of an attorney/solicitor for collection.

**IMPORTANT:** *The credit release and agreement to terms of this application must be signed before we can process your application.*\_\_\_\_\_  
*Authorized Signature (Required)                      please PRINT      Name    Title    Date*

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<b>CAMPBELL SUPPLY USE ONLY</b>	
Customer Account Number: _____	Salesperson Number: _____
Credit Code/Limit: _____	
Approved by: _____	Date Approved: _____