



**ANITA SUPPLY
CENTER**

309 Truman Rd PO Box 277
Anita, IA 50020

CREDIT APPLICATION

Credit, if extended, depends on the degree of confidence this Credit Application affords.

(Please type or print legibly)

New Account

Updated Information

Date: _____

Applicant (see instructions reverse side)		Resale # (Attach Certificate)	
Street Address		Mailing Address	
City	State	Zip	Phone

Employment Information

Current employer:		
Employer address:		How long?
Phone:	Email:	Fax:
City:	State:	Zip:
Position:		Supervisor:

Co-Applicant Information, if for a joint account

Current employer:		
Employer address:		How long?
Phone:	Email:	Fax:
City:	State:	Zip:
Position:		Supervisor:



FOR BUSINESS ACCOUNTS ONLY:

Please place a check mark where appropriate:

Corporation Partnership Proprietorship Other _____

Founded / / EIN _____ Annual sales \$ _____

Name of Principal % Owner	Name of Principal % Owner	Name of Principal % Owner
Residence Address	Residence Address	Residence Address
City	City	City
State & Zip	State & Zip	State & Zip
Title & S/S No.	Title & S/S No.	Title & S/S No.

FOR EVERYONE:

BANK ACCOUNT(S)

Institution Name	Address	Bank Phone #	Account Number	Type of Account



OTHERS ALLOWED TO CHARGE ON THIS ACCOUNT

Do you require PO numbers added to your invoice(s):

YES

NO

How do you prefer to have your statements/invoices?

EMAILED

MAILED

Email address(s) you prefer your statements/invoices to be sent to:

TO BE FILLED OUT BY A TEAM MEMBER OF ANITA SUPPLY CENTER:

Approved: Y or N Date: _____

Approved by: _____

Credit Amount Approved For: _____