



1515 East Kimberly Road
 Davenport, IA 52807
 1-800-248-0888
 Fax 1-800-884-2437
 www.fidlardoubleday.com

Confidential Credit Application

Company Name _____					Email Address _____	
Responsible Parties: _____						
Ship to address _____					Phone _____	
Billing Address (If different) _____		Street	City	State	Zip	Fax _____
Nature of Business _____			Date Started _____			
Length of time at local address _____		Home Office (if different) _____				
		Street	City	State	Zip	
Tax Exempt# _____		Federal ID # _____		Social Security # _____		

1. Express Credit: Please submit your credit card information below. By signing this part of the application, you are authorizing us to charge your credit card at any time that you request services. We will not require your signature or verbal authorization to charge your credit card in the event that you place an order with Fidlar Doubleday. The order itself constitutes your authorization. We will charge 100% of the prebill amount at the confirmation stage. Balance due (overs, freight, etc.) will be charged before shipping. See terms and conditions provided with quotes for complete details.

Visa Mastercard **Account Number:** _____

Expiration Date (month/year): _____ **Security Code (last three digits on the back of the card):** _____

Signature: _____ **Print Name:** _____

2. Cash In Advance: To pay for services in cash we require full payment at the acceptance of the quote and the remainder (freight, etc.) before the job ships. See terms and conditions provided with quotes for complete details.

I wish to pay cash in advance.

Person to contact in Accounts Payable _____ **Are Purchase Orders Required** Yes No

Persons Authorized to Purchase _____

Special Billing Instructions (if any) _____

Fidlar Doubleday Terms: Prices are subject to change without notice. Net 30 days from the invoice date. A late charge of 1.5 % per month may be added on past due accounts. This is an ANNUAL PERCENTAGE RATE of 18 %. Fidlar Doubleday reserves the right to hold person(s) representing this company responsible for reasonable collection cost and attorney fees in the event that the account is turned over to collections. There will be a \$35.00 charge for each occurrence in the event of any non-sufficient checks or charge card declining.

Return of Goods: Request for returns must be submitted within 90 days from the date of invoice.

Fidlar Doubleday reserves the right to change terms.

Everything that I/we have stated in the application is correct and to the best of my knowledge. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about my/our credit experience with me/us. I/we fully understand your credit terms and agree to the proper payment in the consideration of extended credit.

Signature of Applicant or Authorized Representative

Printed Name of Applicant or Authorized Representative

Date of Application

PLEASE BE ADVISED THAT IF THIS AGREEMENT IS NOT FILLED OUT COMPLETELY ANY ORDERS THAT YOU PLACE WITH US WILL NOT BE FILLED. ALL INFORMATION REQUESTED IS REQUIRED UNLESS OTHERWISE STATED.

Internal Use Only:

Salesperson: _____

Sales Code: _____

Customer Type: _____