

# IowaWebHosting.com

Division of Computer Technologies  
3305 70th St. Urbandale, IA 50322  
PH 515-491-9993 FAX 515-278-0793

## Credit Application

The following information is submitted for your considerations as basis for extending open account terms to us.  
(Fill in all blanks, writing no or none if necessary to complete this form.)

Firm Name \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ No of Years in Business \_\_\_\_\_

Our legal entity is:  Corporation  Partnership  Proprietorship  
(If a corporation, list names of officers and titles. If another entity, list names of partners or owners.)

Name	Title	Address	City	State	ZIP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Bank References

Name	Title	Address	City	State	ZIP
_____	_____	_____	_____	_____	_____
Account Number	_____	Officer to Contact	_____	Area Code	Phone Number
_____	_____	_____	_____	_____	_____
Account Number	_____	Officer to Contact	_____	Area Code	Phone Number

I/We have open account privileges with (furnish names and addresses of the business references :)

Business references

Name	Address	City	State	Zip	Phone number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please charge sales tax.  Yes  No \_\_\_\_\_  
Sales Tax Number \_\_\_\_\_

The undersigned understands that all accounts are due when billed and that Computer Technologies will send a monthly statement. The undersigned further understands that if any part of the amount billed at any billing data shall remain unpaid at the next billing date, there will be a **FINANCE CHARGE** at a **PERIODIC RATE** of one and one-third (1.3333) per cent per month on the remaining balance. This results in an **ANNUAL PERCENTAGE RATE** of **16%**, to all of which the undersigned applicant for credit consents and agrees.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_

If Incorporated or LLC also sign \_\_\_\_\_  
As Guarantor \_\_\_\_\_

Please FAX application to 515-278 0793