



2150 SADLER DRIVE SW, CEDAR RAPIDS, IA 52404 (319) 366-8238 FAX: (319) 364-1529
www.sadlerpowertrain.com

CREDIT APPLICATION

Billing/Mailing Address:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone (____) _____ - _____
Shop Phone (____) _____ - _____
Fax Number (____) _____ - _____
Email: _____

Shipping Address (MUST HAVE):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County _____ Years in business _____
Please attach list of any additional shipping addresses

SALES TAX EXEMPTION:

We must have a valid sales tax exemption certificate completed with a current date & signature on file for exemption.

NOT EXEMPT _____ EXEMPT _____ **PLEASE PROVIDE EXEMPTION CERTIFICATE**

ACCOUNTS PAYABLE Contact: _____ Phone (____) _____ - _____

STATEMENTS Statements are generated the first business day of each month. We do not mail out statements.

****MUST select an option below****

Email Statement _____ Email Statements & Invoices _____ (hard copies of invoices will still be created)
Fax Statement _____

OWNERS/OFFICERS:

Name: _____
Title: _____
Name: _____
Title: _____
Name: _____
Title: _____

Type of Business:

_____ Repair Shop _____ Auto _____ Truck
_____ Fleet # of vehicles _____
_____ Agricultural Equipment
_____ Heavy Equipment
_____ Manufacturing – Industrial
_____ Commercial
_____ Other, please describe _____

SUBSCRIBE TO OUR MONTLY E-NEWSLETTER BY LOGGING ON TO OUR WEB PAGE:
www.sadlerpowertrain.com

SALESMAN USE ONLY: SALESMAN #: _____ INITIAL: _____ TYPE: _____

TRADE REFERENCES

INCLUDE COMPLETE MAILING ADDRESSES

Name: _____
Mailing _____
Address: _____
Phone: _____
Fax: _____

Name: _____
Mailing _____
Address: _____
Phone: _____
Fax: _____

Name: _____
Mailing _____
Address: _____
Phone: _____
Fax: _____

Business Structure:

_____ Personal Account
_____ Sole Proprietorship
_____ **Corporation**
_____ Partnership
_____ Limited Liability Company
_____ Government Agency
_____ Other, please describe

Type of account desired:

_____ C.O.D. (will pay by cash, check or credit card at time of purchase)
_____ Open Account

How often do you anticipate the account will be used?

_____ Weekly _____ Quarterly
_____ Monthly _____ Other _____

BANK REFERENCE

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
CONTACT: _____
ACCOUNT NUMBER: _____

THE undersigned hereby grant(s) Sadler Power Train Inc. permission to contact and obtain credit information from all references supplied as well as from credit reference services. The undersigned agree(s) to all credit terms of Sadler Power Train Inc., including specifically the following terms.

TERMS: All accounts are due and payable by the 10th of the month following purchase. 1-1/2 % per month service charge (18% per annum) will be added to all delinquent accounts. Accounts not paid within the above terms will be placed on C.O.D. status. In the event it becomes necessary for your Company to incur any collection costs or suits to collect this agreement, the undersigned promises to pay such additional costs of collection and such sum as the court may adjudge reasonable as Attorney's fees on said suit.

Print Name _____ Signature _____
Company _____ Title _____ Date _____

PERSONAL GUARANTEE

In consideration of Sadler Power Train Inc. extending credit to _____, I hereby personally guarantee any and all amounts owed by the above to Sadler Power Train Inc. I further agree that upon demand I shall personally pay all amounts owing to Sadler Power Train Inc. In the event it becomes necessary for your Company to incur any collection costs or suits to collect this agreement, the undersigned promises to pay such additional costs of collection and such sum as the court may adjudge reasonable as Attorney's fees on said suit.

Print Name _____ Signature _____ Date _____

Please return completed application by fax or email.



2150 Sadler Drive SW, Cedar Rapids, IA 52404

Email: arsupport@sadlerpowertrain.com Phone: (319) 366-8238 Fax: (319) 364-1529