

# Maxon Furniture Inc.



## Financial Services Application

Please complete and send to: 505 Ford Avenue, Muscatine, IA 52761; fax: 253.395.8963

Information given by the undersigned will be held in strict confidence and will be used solely by Maxon Furniture Inc. for the purpose of extending credit.

### ➔ Applicant Information:

Name of Applicant: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

Billing contact (if different): \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Business is:  Incorporated  Sole Proprietorship  Partnership  
 LLC  LLP  Not-for-Profit Organization

Date Business Established: \_\_\_\_\_ Date of Incorporation (if applicable): \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

### ➔ Principal Owners, Officers & Partners: (Please attach separate sheet with additional information, if necessary.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

### ➔ Credit References:

Trade Reference Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Reference Name & Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

### ➔ additional information required:

➔ A copy of your Resale Tax Certificate

➔ Current Financial Statement

Applicant certifies that all information contained herein and any financial information submitted is true and correct. Applicant grants permission to Maxon Furniture Inc. to obtain independent credit reports or consumer credit reports and other information from its references and bank, and authorizes the credit references and bank reference to release information to Maxon Furniture Inc. that may be used to determine credit worthiness. Applicant agrees to pay all bills as rendered, and agrees that overdue accounts are subject to monthly service charges of 18% per annum. Applicant agrees to be liable for all internal and external collection costs and/or attorney's fees in connection with any Delinquency placed for collection by Maxon Furniture Inc. The laws of the State of Iowa shall govern all contracts entered into between Applicant and Maxon Furniture Inc., and all disputes may be resolved within the Courts within the State of Iowa.

#### MAXON Credit Policy

1. All accounts must complete in full this confidential application.
2. Until credit availability is determined, new accounts may prepay their orders (Visa and Mastercard accepted).
3. Maxon Furniture Inc. reserves the right to hold orders when there is a past due balance.
4. The undersigned agrees to be bound by all of the terms and conditions contained in this credit application, the Maxon Furniture Inc. Dealer Agreement and any documents referenced in this credit application or any supplements.
5. To be considered, the MAXON Financial Services Application must be signed.

Company: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS, IN GOOD FAITH, EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Ed Nielsen, Maxon Furniture Inc., 505 Ford Avenue, Muscatine, IA 52761; p. 563.272.4826 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.