



CREDIT APPLICATION

Oak Street Station

2403 US Hwy 18, Inwood, IA 51240
(712) 753-4800 www.oak-street-station.com

Name or Business Name: _____ Type of Business: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Office #: _____

Email Address: _____ Cell #: _____

Years In Business: _____ Requested Credit Limit Per Month: _____

Additional Comments: _____

Please list complete name, telephone number, and address of three trade references and one bank reference

	BUSINESS NAME	CITY	STATE	PHONE	CONTACT PERSON
1					
2					
3					
Bank					

AUTHORIZATION TO RELEASE INFORMATION

Oak Street Station LLC terms are due the 10th of the following month. I hereby agree to the terms of sale of Oak Street Station and further agree that I will pay 18% APR (Annual Percentage Rate) finance charge on amounts that exceed 30 days and that no products or services will be provided if my account is past due. Oak Street Station reserves the right to require prepayment for any products or services. The undersigned hereby also authorizes the credit department of Oak Street Station to obtain information pertaining to accounts of deposits, credit obligations, financial statements, and all other matters which they may require in connection to my request for credit. The undersigned hereby also further agrees to pay reasonable attorney's fees and all costs incurred for collection of any obligation owed to Oak Street Station.

SIGNATURE: _____ Print: _____ Date: _____