



2525 18th Street SW, Suite 1  
 Cedar Rapids, IA 52404  
 319-261-0749 Ph  
 319-261-0754 Fax

## CREDIT APPLICATION

**COMPANY NAME** \_\_\_\_\_

**Billing Address** Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Entity** Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**DUNS #** \_\_\_\_\_

**Accounts Payable Contact** Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

### Principal Officers

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

### CREDIT REFERENCES

**Company** \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Company** \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Company** \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### BANKING REFERENCE

**Bank Name** \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Account# \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

In consideration of Hybrid extending credit to my company, I am authorized to agree that payments will be made per the terms set forth by Hybrid. We hereby authorize our bank and business references (named above) to release credit information for review by Hybrid Transit Systems solely for the purpose of determining whether to grant the above requested credit.

\_\_\_\_\_  
 Name/Title

\_\_\_\_\_  
 Date

\*\*Please fax completed application to 319-261-0754 or email to [accounting@hybridtrans.com](mailto:accounting@hybridtrans.com) Thank you.\*\*