



INDIVIDUAL CHARGE ACCOUNT APPLICATION

Name:
Address:
City: State: Zip:
Phone: Fax: Cell:

Social Security Number (required):

Primary Bank: Phone:
Address: State: Zip:
Contact Name:

CREDIT REFERENCES

Name: Address: City, St, Zip: Phone: Fax:
Name: Address: City, St, Zip: Phone: Fax:

This information is given to establish an open account status. I agree to make full payment to Manatts Inc within thirty (30) days following invoice date. Permission is granted to inquire as to my credit worthiness from any source. I understand service (finance) charges of 1 1/2% will be added to any past due invoice. I further agree to pay said finance charges. I agree to pay any and all fees should this account be turned over for collections.

Date: Signature:

Print Name:

APPLICATIONS WITHOUT AUTHOURIZED SIGNATURE WILL NOT BE PROCESSED

INDIVIDUAL PERSONAL GUARANTEE

I (Print Name) in consideration of Manatts Inc, extending credit to the above entity applying for credit, hereby agree to bind myself to pay you on demand any sum, which may become due to Manatts Inc by me. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of myself. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of this credit agreement hereby guaranteed.

Date: Signature:

Mail or Fax to: Manatts Inc
1775 Old 6 Road
PO Box 535
Brooklyn IA 52211-0535
Phone:641-522-9206 ext 204, Sue McCoy
Fax: 641-522-9407