

**Davis Equipment Corporation & Turfwerks**

5225 NW Beaver Dr. Johnston, IA 50131  
Phone: 800-747-8300 • Fax: 515-270-0117  
www.DavisEquip.com



### Credit Application

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

Billing Address: \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Officers or Owners: \_\_\_\_\_

Years Established: \_\_\_\_ Is the business incorporated? \_\_\_\_ State of Incorporation: \_\_\_\_\_

Federal ID# (or Social Security #): \_\_\_\_\_ Purchase order required? \_\_\_\_

Account set up as a taxable or non-taxable: \_\_\_\_\_ (a tax exemption form must be filled out to be tax-exempt)

Accounts Payable contact: \_\_\_\_\_ Email: \_\_\_\_\_

Course Type: Private Semi-private Public Municipal Resort Other: \_\_\_\_\_

Number of holes: \_\_\_\_\_ Number of Members: \_\_\_\_\_ Annual Dues: \_\_\_\_\_

Superintendent email: \_\_\_\_\_

*Use these checkboxes to indicate what email addresses you'd like to receive the following:*

Email	Statements	Invoices	Deals & Promotions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Affiliation: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Business References:**

1. \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: If account is authorized to purchase on open account, be it understood that all purchases are due and payable according to the terms of the invoice. The undersigned official hereby authorizes the above listed Bank and Business References to release information to Davis Equipment Corporation for use in the evaluation of this Customer's credit and financial responsibility.*

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Individually and/or as an officer of the Company.*