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VENDOR APPLICATION

Business Name: _____

Contact Name(s): _____

Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Other Phones (Cell): _____ (Fax) _____

Type of Business: _____

How would you prefer to receive payment? (Check one)

ACH - Direct to bank account

By Mail - standard USPS

visit:

3900 River Ridge Dr NE
Cedar Rapids, IA 52402
Mon. - Fri. 9-5 pm

mail:

PO Box 1268
Cedar Rapids, IA 52406-1268

On Call/Text:

319-431-8206 Every day,
5pm-9 pm including Sat. &
Sun. 9-8 pm