



CREDIT APPLICATION

ATTN: _____

APPLICATION INFORMATION

DATE: _____

ACCT NAME _____ TYPE OF BUSINESS _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____ (IF DIFFERENT THAN ABOVE)

PHONE () _____ FAX () _____

FED ID NUMBER _____ E-MAIL ADDRESS _____

HOME PHONE () _____ MOBIL# () _____ TIME IN BUSINESS _____ YRS _____ MO _____

PRINCIPAL OWNER/S _____ SS# _____

PERSONAL ADDRESS _____ PHONE () _____

CORPORATE OFFICERS: PRESIDENT: _____ VICE PRESIDENT: _____

SECRETARY: _____ TREASURER: _____ ACCTS PAYABLE SECRETARY _____

LIST NAMES WHO HAVE CHECK SIGNING PRIVILEDGES WITH IN YOUR COMPANY:

1 _____ 2 _____ 3 _____

BANK INFORMATION:

NAME _____ CONTACT _____

PHONE _____ FAX _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

CHECKING ACCT#: _____ SAVINGS ACCT# _____ LOAN ACCT# _____

CREDIT/BUSINESS REFERENCES:

CO. NAME: _____ EMAIL _____

ADDRESS: _____ CITY _____ STATE _____

PHONE: () _____ FAX () _____ EMAIL _____

CO. NAME: _____ EMAIL _____

ADDRESS: _____ CITY _____ STATE _____

PHONE: () _____ FAX () _____ EMAIL _____

CO. NAME: _____ EMAIL _____

ADDRESS: _____ CITY _____ STATE _____

PHONE: () _____ FAX () _____ EMAIL _____

HAVE YOU EVER TAKEN BANRUPTCY? (CIRCLE ONE) YES NO

ARE YOU NOW, OR HAVE YOU BEEN INVOLVED IN ANY SUITS OR COURT ACTION OF ANY KIND? (CIRCLE ONE) YES NO

IF SO GIVE FULL DETAILS: _____

APPROX. AMT OF CONCRETE NEEDED? (YARDS) _____ DATE NEEDED _____

WHERE WILL MATERIAL BE DELIVERED/USED? _____ PRIMARY AREA OF WORK? _____

APPROX. MONTHLY VOLUME OF CONCRETE (YARDS) _____

ON COMPLETION AND APPROVAL OF THIS APPLICATION THE COMPANY FILING THE CREDIT APPLICATION WILL AGREE TO THE FOLLOWING TERMS: PAYMENT WILL BE SUBMITTED NO LATER THAN THIRTY (30) DAYS FROM DATE OF PURCHASE FOR AMOUNTS OF MONIES DUE.

SIGNATURE _____ DATE _____

THIS IS TO GIVE AUTHORIZATION TO RELEASE ANY INFORMATION REQUESTED. ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL.