



Application for Credit

Fax: 325-603-4101 Phone: 325-603-4100

www.strongreadymix.com

1. Company Information

| | | | | |
|--|------------------------|---|-------|-----|
| Full Legal Name/Business Entity | | Phone # | | |
| | | Fax# | | |
| Doing Business As (DBA) | | | | |
| Billing Address | | City | State | Zip |
| Company Type (Please check) | | | | |
| <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other | | | | |
| Federal Tax ID | State of Incorporation | Resale Tax ID (MUST ATTACH COPY FROM STATE) | | |
| E-Mail Address | | Website | | |
| Do you want your invoices: _____ Mailed _____ E-Mailed or _____ Both (Please Check) | | | | |

2. Owner Information

| | | | | |
|--------------|-------|------------------------|-----|-------|
| Full Name | Title | Social Security Number | | |
| Home Address | City | State | Zip | Phone |

3. Bank References

| | | | | |
|-----------|----------------|---------|-----|-------|
| Bank Name | Account Number | Contact | | |
| Address | City | State | Zip | Phone |

4. Credit References

| | | | | |
|---------------------|-------------|----------------|------------|--------------|
| Company Name | | Contact | | Phone |
| Address | City | State | Zip | Fax # |
| Company Name | | Contact | | Phone |
| Address | City | State | Zip | Fax # |
| Company Name | | Contact | | Phone |
| Address | City | State | Zip | Fax # |

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I do agree to the above terms, and I certify that all of the information given is true and correct.

Authorized Signature/Title: _____ Date: _____

Personal Guarantee

Full Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Applicant (Company Name): _____

Applicant, I/We, the undersigned hereby personally guarantee the prompt payment to you of all amounts now due and owing to you from said applicant. The undersigned agrees that the liability for all sums guaranteed, shall be joint and several. Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note of evidence of indebtedness, the extension of time, payment arrangement or other indulgence granted to debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of all foresaid. The filing of a suit or the pursuit of collection or legal remedies against applicant shall not be condition precedent to the enforcement of this guarantee and the undersigned hereby expressly waive(s) demand, presentment for payment, protest, notice of protest or diligence. This guarantee shall continue until you have received a notice of termination executed by the undersigned. Should the undersigned elect to terminate this guarantee, such termination shall not affect any liability to the amount owing. The undersigned hereby agrees to pay all costs and such additional sums as the court may deem reasonable as attorney's fees in the event an action is filed hereon.

Signature: _____

Date: _____