

Superior Concrete, Inc.

P. O. Box 1147
Harrisonburg, Virginia 22803
540-433-2482
540-433-7045 fax

CREDIT APPLICATION AND AGREEMENT (Business)

Date _____

Legal Trade Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Telephone No. (____) _____ Cell phone # (____) _____ Fax No. (____) _____

Indicate Type of Business: Partnership ____ Corporation ____ Sole Proprietorship ____

Other _____ Year Business Started _____ Email Address _____

Federal I.D. # _____

I pay sales tax ____ I am tax exempt ____ Tax Number _____

(Attach Exemption Cert.)

SOLE PROPRIETORSHIP

Name _____

Social Security No. _____

Spouse Name _____

Social Security No. _____

Address (if different from business address) _____

Telephone No. _____

PARTNERSHIP (INCLUDE ALL PARTNERS)

Name _____

Address _____

Telephone No. (____) _____ Social Security No. _____

Name _____

Address _____

Telephone No. (____) _____ Social Security No. _____

Additional Partner(s)

CORPORATION (OFFICERS)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

BANK NAME: _____ Phone No. (____) _____

Contact Person: _____

TRADE REFERENCES

1. Name _____ Address _____
Phone # _____

2. Name _____ Address _____
Phone # _____

3. Name _____ Address _____
Phone # _____

List person(s) in charge of your Accounts Payable: _____

Do you use purchase orders? _____

Names of persons authorized to order merchandise: _____

Have you ever declared bankruptcy? _____

If yes, explain _____

Have you ever had judgments or liens against you? _____

If yes, explain _____

AGREEMENT

I agree that all invoices or monthly statement amounts each month will be paid by the end of the following month. In the event of any default in payment, I agree to pay a finance charge of 1% of the unpaid balance which is an annual percentage rate of 12%. I further agree to pay any court costs and reasonable attorneys fees necessary for collection of any balance in default.

Superior Concrete, Inc. is authorized to check my credit history and to answer questions about their credit experience with me if requested.

SIGNATURE (Owner, Partner, Officer)

Signature _____ Date _____

We offer the option of faxing or emailing your invoices and statements. Either option will allow you to receive them faster than regular mail.

I would like my invoices/statements emailed to _____.

I would like my invoices/statements faxed to _____.

I want to receive my invoices/statements by regular mail. _____

Thank you

FOR OFFICE USE ONLY

APPROVED Date _____ Credit Limit Amount _____

Signed _____