

PLEASE CALL KIM DIEHL IF YOU NEED INFORMATION OR ASSISTANCE IN FILLING OUT THIS FORM.

Superior Concrete, Inc.  
P. O. Box 1147  
Harrisonburg, VA 22803  
540-433-2482  
540-433-7045 fax

**CREDIT APPLICATION AND AGREEMENT**

Date \_\_\_\_\_  
Legal Trade Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_ Cell phone # (\_\_\_\_) \_\_\_\_\_  
Indicate type of business - Partnership \_\_\_\_ Corporation \_\_\_\_ Sole Proprietorship \_\_\_\_  
Other \_\_\_\_\_ Year Business Started \_\_\_\_\_ Email Address \_\_\_\_\_  
Federal I.D. # \_\_\_\_\_ Fax Number \_\_\_\_\_  
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 Partners \_\_\_\_\_  
\_\_\_\_\_

**CORPORATION (OFFICERS)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

**BANK REFERENCES**

Bank Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Checking Acct. # \_\_\_\_\_ Loan Acct. # \_\_\_\_\_

**BANK REFERENCES**

Bank Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Checking Acct. # \_\_\_\_\_ Loan Acct. # \_\_\_\_\_

**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? \_\_\_\_\_  
Name 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 which are billed on the last day of each month will be paid by the 30<sup>th</sup> of the following month. In the event of any default in payment, I agree to pay a finance charge of 2% of the unpaid balance which is an annual percentage rate of 24%. I further agree to pay any court costs and reasonable attorneys fees necessary for collection of any balance in default.

You are authorized to check my credit history and to answer questions about your credit experience with me if called upon.

**SIGNATURE ( Partners, Owner, Officer)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_