

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

Superior Concrete, Inc.

P. O. Box 1147

Harrisonburg, Virginia 22803

540-433-2482

540-433-7045 fax

CREDIT APPLICATION AND AGREEMENT (Individual)

Date _____

Name _____
(first) (middle) (last)

Social Security Number _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Number of years lived there _____ Telephone No. (____) _____

Cell phone # (____) _____ Email Address _____

I pay sales tax _____ I am tax exempt _____ Tax Number _____
(Attach Exemption Cert.)

Spouse name and social security number _____

EMPLOYMENT HISTORY

Current Employer _____ yrs. there _____

Address _____

Previous Employer _____ yrs. there _____

Address _____

BANK REFERENCES

Bank Name _____ Phone No. (____) _____

Checking Acct. # _____

Loan Acct. # _____

Bank Name _____ Phone No. (____) _____

Checking Acct. # _____

Loan Acct. # _____

TRADE REFERENCES

1. Name _____ Address _____

Phone # _____

2. Name _____ Address _____

Phone # _____

3. Name _____ Address _____

Phone # _____

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 30th 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 default.

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

Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE ONLY

APPROVED - Date _____ Credit Limit Amount _____

Signed _____

