

KUDRON

READY MIX

CREDIT APPLICATION

COMPANY NAME / INDIVIDUAL _____ FED I.D. / S.S. # _____

BILL TO ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

INSIDE CITY LIMITS ____ OUTSIDE CITY LIMITS ____ EMAIL _____

PHONE (____) _____ SECONDARY PHONE (____) _____ FAX (____) _____ A/P CONTACT _____

TYPE OF BUSINESS _____ AT PRESENT LOCATION SINCE (DATE) _____

YEAR ESTABLISHED _____ ARE PURCHASE ORDER NUMBERS REQUIRED _____

TRADE REFERENCES: (GIVE ONLY NAMES OF THOSE YOU BUY FROM AN OPEN ACCOUNT)

1.) NAME: _____ STREET: _____ CITY, STATE, ZIP _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

2.) NAME: _____ STREET: _____ CITY, STATE, ZIP _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

3.) NAME: _____ STREET: _____ CITY, STATE, ZIP _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

BANK NAME _____ STREET _____

CITY, STATE, ZIP _____ PHONE (____) _____ FAX (____) _____

BANK OFFICER _____ ACCOUNT TYPE _____

(CHECKING/SAVINGS/LOAN)

Our Credit Policies are as follows:

Our standard terms are due by the 10th of the following month of purchase. All accounts which remain unpaid beyond the 15th of the following month will incur a \$25.00 / per invoice late fee. Any collection expenses will be governed by Oklahoma law, and will include all court cost, attorney fees and administrative fees associated with any collection efforts. Debtor accepts credit with the understanding that all bills will be paid in accordance with our terms. It is our privilege to serve you on an open account basis when approved. In return for the extension of credit, you hereby agree to abide by our policies as stated above.

The undersigned, being stockholder(s) and/or officer(s) and/or owners of the aforesaid business, individually, jointly and severally as individuals guarantee the payment of any and all future obligations of the said company which may be owing to Kudron Ready Mix, Inc. A photocopy or facsimile of the account application and signature shall be valid as an original thereof.

Signed: _____ Title: _____ Date: _____

Print Name: _____

Social Security Number: _____

For Office Use Only

Sales Rep: _____ Approved By: _____

Terms: _____ Date Approved: _____