

# Application for Credit

Company Name:  
Street Address:  
City, State, and Zip:  
Telephone No:  
Fax No:  
Email Address:

Individual ( ) Corporation ( ) No. of Years in Business: ( )

## **Name of Owners or Partners:**

\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_  
Phone No. \_\_\_\_\_

## **References:**

Company Name:  
Street Address:  
City, State, and Zip:  
Telephone No:  
Fax No:

Company Name:  
Street Address:  
City, State, and Zip:  
Telephone No:  
Fax No:

**All accounts are due on or before the 10<sup>th</sup> day of the following month.** All accounts not paid within 30 days of the due date will become past due. A maximum finance of one and one-half percent, annual percentage rate of 18% will be applied to all past due accounts.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Payment Guaranteed By: \_\_\_\_\_

We truly appreciate your business and look forward to being your ready mix supplier.  
PLEASE COMPLETE THIS FORM AND FAX or email TO 972-287-4300 /  
[ssewell@bbreadymix.com](mailto:ssewell@bbreadymix.com) Thank You