



**OFFICIAL USE ONLY**

CUSTOMER NUMBER:

CREDIT LIMIT:

SALESMAN:

<input type="text"/> NAME OF FIRM OR INDIVIDUAL: <input type="text"/> ATTENTION: <input type="text"/> ADDRESS FOR INVOICING <input type="text"/> CITY, STATE ZIP CODE <input type="text"/> WEBSITE <input type="text"/>	<input type="text"/> YEARS AT THIS ADDRESS <input type="text"/> PHONE (xxx) xxx - xxxx <input type="text"/> FAX (xxx) xxx - xxxx <input type="checkbox"/> NO <input type="checkbox"/> YES CUSTOMER PO REQUIRED?
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HEREBY applies for credit in accordance within the terms and conditions of: Charley's Concrete Co., LTD.  
 P.O. Box 1106  
 Keller, Texas 76244

**OWNERSHIP:** The following information must be provided. It will be held in the strictest confidence.

<input type="checkbox"/> CORPORATION	<input type="text"/>	STATE OF INCORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> OTHER
<input type="text"/>					
FEDERAL TAX ID NUMBER:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME(S) OF PRINCIPAL/PARTNER/OWNER	PHONE	ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
SOCIAL SECURITY OF OWNER OR PARTNER	DRIVER'S LICENSE OF OWNER/PARTNER	CITY, STATE ZIP CODE			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
NAME(S) OF PRINCIPAL/PARTNER/OWNER	PHONE	ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
SOCIAL SECURITY OF OWNER OR PARTNER	DRIVER'S LICENSE OF OWNER/PARTNER	CITY, STATE ZIP CODE			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
NAME(S) OF PRINCIPAL/PARTNER/OWNER	PHONE	ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
SOCIAL SECURITY OF OWNER OR PARTNER	DRIVER'S LICENSE OF OWNER/PARTNER	CITY, STATE ZIP CODE			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

**BANK INFORMATION**

<input type="text"/>		
BANK NAME		
<input type="text"/>		
ADDRESS		
<input type="text"/>		
CITY, STATE ZIP CODE		
<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK OFFICER/ACCOUNT MGR/DEPARTMENT	PHONE	ACCOUNT NUMBER

**PLEASE FURNISH FAX NUMBERS FOR ALL TRADE AND BANK REFERENCES**

**TRADE REFERENCES - PLEASE GIVE COMPLETE INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT READY MIX SUPPLIER	PHONE	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	FAX	CITY, STATE ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CONSTRUCTION RELATED TRADE REFERENCE	PHONE	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	FAX	CITY, STATE ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CONSTRUCTION RELATED TRADE REFERENCE	PHONE	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	PHONE	CITY, STATE ZIP CODE

The undersigned applicant for credit, by execution of this application, warrants and represents that the statements of fact furnished herein are true and correct, that Charley's Concrete Co., LTD. (Charley's) may verify said representations by contacting references, banks and/or credit reporting agencies, and that all purchases now made and which may be hereafter made from Charley's shall be upon the following terms and conditions:

**Terms**

Payment for material delivered in one (1) month is due in full by the 10th day of the following month, payables at P.O. Box 1106 Keller, Texas 76244 or designated address.

**Interest**

A monthly late charge shall accrue on any amount not paid in accordance with the terms on the invoice at the lesser of one and one-half percent (1½%) per month or the maximum rate permitted by applicable law.

**Texas Law Applicable**

Texas law shall apply to any dispute relative to matters covered by this agreement.

**Credit Check Authorization**

Execution indicates authorization to review the credit of all parties set out in this agreement at initiation or any time thereafter.

<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY NAME	BY	TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE	PRINT NAME	ADDRESS
<input type="text"/>		<input type="text"/>
SOCIAL SECURITY NUMBER		CITY, STATE ZIP CODE

**Guarantee Agreement**

I (we) understand that the information furnished you herein, is for the purpose of obtaining credit from Charley's, that I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I (we) the undersigned, hereinafter called guarantors, do jointly and severally, unconditionally guarantee and promise to be held personally liable to Charley's for all indebtedness accrued under this continuing agreement. That all accounts or monies due you or your assigns shall be due and payable at your place of business. That all accounts, notes or judgements shall automatically draw default and referral to an attorney or collection agency. I (we) agree to pay reasonable cost and attorney's fees of at least 25%.

<input type="text"/>	<input type="text"/>
NAME OF INDIVIDUAL	WITNESS
<input type="text"/>	<input type="text"/>
NAME OF INDIVIDUAL	DATE