

Hensel Ready Mix Inc
CREDIT APPLICATION

DATE _____

NAME OF INDIVIDUAL OR FIRM _____

SOCIAL

SECURITY# _____ FEDERAL I.D.# _____

CHECK ONE OF THE FOLLOWING:

CORPORATION INDIVIDUAL PARTNERSHIP LLC

IF INDIVIDUAL, DO YOU OWN / RENT YOUR HOME? (Please Circle)

LIST ADDRESS WHERE BILLS WILL BE SENT:

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

FAX NUMBER

CONTACT PERSON

IF CORPORATION, PARTNERSHIP, OR LLC, LIST ALL MEMBERS.

NAME

TITLE

CITY, STATE,
ZIP

HOME ADDRESS

HOME PHONE SOCIAL SECURITY#

NAME

TITLE

CITY, STATE,
ZIP

HOME ADDRESS

HOME PHONE SOCIAL SECURITY#

NAME

TITLE

CITY, STATE,
ZIP

HOME ADDRESS

HOME PHONE SOCIAL SECURITY#

LIST BANK ACCOUNTS: ACCOUNT TYPE AND NUMBER

BANK NAME	PHONE
CITY, STATE, AND ZIP	
CHECKING ACCT#	SAVINGS ACCT#

BANK NAME	PHONE
CITY, STATE, AND ZIP	
CHECKING ACCT#	SAVINGS ACCT#

CURRENT TRADE REFERENCES:	(Give active open accounts only)	
NAME	PHONE	FAX
ADDRESS		
CREDIT LINE		PRESENT BALANCE
DOING BUSINESS WITH _____ YRS.		CONTACT PERSON

NAME	PHONE	FAX
ADDRESS		
CREDIT LINE		PRESENT BALANCE
DOING BUSINESS WITH _____ YRS.		CONTACT PERSON

NAME	PHONE	FAX
ADDRESS		
CREDIT LINE		PRESENT BALANCE
DOING BUSINESS WITH _____ YRS.		CONTACT PERSON

I/WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT.
I/WE FULLY UNDERSTAND THAT A CREDIT REPORT WILL BE REQUESTED IN CONNECTION WITH THIS APPLICATION.

TERMS ON ACCOUNT WILL BE NET DUE THE 10TH OF THE MONTH FOLLOWING DELIVERY. 18%APR ON ALL AMOUNTS OVERDUE.

I/WE FULLY UNDERSTAND THE COMPANY'S CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

IF THIS IS A CORPORATION OR PARTNERSHIP, ALL COMPANY OFFICERS OR PARTNERS AGREE TO BE PERSONALLY RESPONSIBLE FOR ANY DEBT OWED TO HENSEL READY MIX, INC., IN THE EVENT OF THE COMPANY OR PARTNERSHIP'S INABILITY TO MAKE PAYMENT.

SIGNED	TITLE	DATE
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SIGNED	TITLE	DATE
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