



Credit Application
Questions: Call 901-910-6482

PYRAMID CONCRETE PUMPING, LLC
P.O. BOX 1136
COLLIERVILLE, TN 38027

(FOR FAST RESPONSE, PLEASE EMAIL YOUR COMPLETED APPLICATION TO: JESSICA@PYRAMIDCONCRETEPUMPING.NET OR RENEE@PYRAMIDCONCRETEPUMPING.NET)

SALES REPRESENTATIVE:	AP CONTACT:	AP PH #:	AP EMAIL:
Amount of Credit Desired:		<u>ALL INVOICES ARE SENT VIA EMAIL SO PLEASE PROVIDE THE EMAIL YOU WOULD LIKE INVOICES SENT TO.</u>	
Invoice email(s):			

COMPANY INFORMATION

COMPANY NAME:	BUSINESS TELEPHONE:	BUSINESS EMAIL:		
BILLING ADDRESS:	CITY	STATE	ZIP	YEARS IN BUSINESS _____
POSTAL ADDRESS IF DIFFERENT THAN ABOVE:	CITY	STATE	ZIP	
(Check one only) CORPORATION: <input type="radio"/> PARTNERSHIP: <input type="radio"/> PROPRIETOR: <input type="radio"/> GOVT/NON-PROFIT <input type="radio"/> TAX ID#: _____				
Do you require P.O.'s? Yes <input type="radio"/> No <input type="radio"/> Have you, the applicant, the business or any of the officers or owners of the business filed bankruptcy? Yes <input type="radio"/> No <input type="radio"/>				

OWNERSHIP

OWNER(S)	Ph #(s)
ADDRESS:	CITY STATE ZIP SOCIAL SECURITY #(s)

BANK INFORMATION

NAME OF BUSINESS BANK	BANK CONTACT:	PH #	ACCT. #:
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CURRENT TRADE REFERENCES

Please provide ALL 4 references.

1)COMPANY NAME:	CITY/STATE	CONTACT PERSON	PH #	Email
2) COMPANY NAME:	CITY/STATE	CONTACT PERSON	PH #	Email
3)COMPANY NAME:	CITY/STATE	CONTACT PERSON	PH #	Email
4)COMPANY NAME	CITY/STATE	CONTACT PERSON	PH #	Email

We authorize Pyramid Concrete Pumping, LLC, or any other agent of the company to communicate with references mentioned above, for credit and/or banking information about our enterprise, and we authorize the references to answer these requests. Following the credit limit approval, we are engaged to respect the terms and the sales condition mentioned on each invoice. Late payment of unpaid amounts may result in additional fees based on variable rates. In the event of default of the account and placement of the amount for collections, we agree to pay any and all reasonable collections and/or attorney fees and costs, which may be incurred. If credit is granted, we agree to all the above terms of this agreement. We understand that this agreement cannot be changed or terminated verbally.

Authorized signature: _____ Title: _____ Date: _____
▲ P.O. Box 1136 Collierville, Tennessee 38027 ▲ 901-910-6482 ▲ pyramidconcretepumping.net ▲