

CONNERS CRUSHED STONE & MATERIALS

MAIN OFFICE
2513 US HWY 77
LOTT, TX 76656

Phone # 254-584-2011 Fax # 254-584-2047

COWART PIT
254-470-2900
FAX: 254-456-2267
OGLESBY, TX

DIPPEL PIT
254-456-2084
FAX: 254-622-2086
OGLESBY, TX

GREENWADE PIT
254-622-3049
FAX: 254-622-3028
CLIFTON, TX

HONEST RIDGE PIT
254-301-5339
MEXIA, TX

MITCHELL PIT
254-587-2432
FAX: 254-587-2073
MARLIN, TX

CUSTOMER CREDIT APPLICATIONS AND PAYMENT AGREEMENT

Customer Name _____

Please Use Full Legal Name and Trade Name

Street Address _____

CITY STATE ZIP

Mailing Address _____

Phone No. () - FAX No. () - Type of Business _____

No. Yrs. in Business _____ Email: _____

KEY OFFICERS OR PRINCIPALS IN THE BUSINESS:

Name _____ Soc. Sec. No. _____ Phone() _____

Home Address _____

CITY STATE ZIP

Name _____ Soc. Sec. No. _____ Phone() _____

Home Address _____

CITY STATE ZIP

Is Your Business A: Corporation _____ Partnership _____ Proprietorship _____

Federal I.D. No. _____ Credit Level Desired _____

Is A P.O. Required yes _____ or no _____

Bank References:

Bank Name _____ Phone No. () - FAX No. () -

Address _____

CITY STATE ZIP

Bank Officer _____ Account No. _____

BUSINESS CREDIT REFERENCES:

1. Name _____ Phone No. () - FAX No. () -

Address _____

CITY STATE ZIP

2. Name _____ Phone No. () - FAX No. () -

Address _____

CITY STATE ZIP

3. Name _____ Phone No. () - FAX No. () -

Address _____

CITY STATE ZIP

4. Name _____ Phone No. () - FAX No. () -

Address _____

CITY STATE ZIP

Have You or Your Company Ever Filed Bankruptcy? yes _____ or no _____

All accounts not paid according to agreed terms shall bear a finance charge of 1½% of the highest prevailing rate allowed by law per month. I (We) understand that exclusive venue for all legal action concerning my(our) account shall be in Falls County, Texas. I have the authority to sign this agreement as a representative of the above named firm and also give permission for Conners Crushed Stone to contact my listed business credit references to obtain credit with above mentioned.

Signature of Principal or Officer

Title

Date

In consideration of any credit extended, I (We, or either of us) will individually and or jointly guarantee full and prompt payment of all invoices when due that Conners Const. Co., Inc. DBA Conners Crushed Stone & Materials renders for merchandise furnished; and such guarantee shall remain in force until its revocation is acknowledged in writing. Guarantor also agrees to pay all cost of collection should the indebtedness have to be collected by a third (3rd) party.

Name of Individual Guarantor: (please print) Name of Individual Guarantor:

Guarantor Signature

Guarantor Signature

Date: _____

Date: _____

Thank you for your interest in establishing credit with our company. Enclosed is an authorization to release information.

Please sign the agreement below and complete the enclosed form. The enclosed form is the necessary documents to complete your application. Upon receipt we will contact your credit and bank references. Then we will contact you regarding your credit terms with our company.

FOR OFFICE USE ONLY

Application Approved By: _____ Date: _____

**PLEASE FAX APPLICATION TO MAIN OFFICE #254-584-2047
OR EMAIL AR@CONNERSCRUSHEDSTONE.COM**

AUTHORIZATION TO RELEASE CREDIT INFORMATION

AUTHORIZATION

I/We authorize the investigation of my/our firm , _____ and its related credit information. I/We have been requested to provide information to _____ for their use in reviewing our creditworthiness.

I/We authorize the release of any and all information obtained during this credit search. I/We release any and all claims and liabilities against any and all parties involved with regards to the release of this information.

This form is valid for a period of thirty (30) days from the date below.

Signature _____

Signature _____

Title _____

Title _____

Date _____

Date _____