

# Mid-America Redi Mix

Po Box 1205

Great Bend, KS 67530

620-792-2550

The undersigned Company is applying for credit and agrees to abide by the standard terms and conditions of as printed on the reverse side.

**Company Name:** \_\_\_\_\_

**DBA (if different)** \_\_\_\_\_

**Contact person** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Federal tax ID or Social Security number** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**No. of Employees** \_\_\_\_\_

**Date business established** \_\_\_\_\_

**Amount of credit requested \$** \_\_\_\_\_

**Method of Payment**

**Check**

**ACH**

**Credit Card**

We bill invoices on the 15th and end of month. How would you want to receive your invoices & statements?

Mail \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Purchase Order Required

No \_\_\_\_\_

If yes, please provide purchase no. \_\_\_\_\_

Are you sales tax exempt?

No \_\_\_\_\_

If yes, please submit the tax exempt certificate with application

Have you ever had credit with us before?

No \_\_\_\_\_

If yes, under what name \_\_\_\_\_

Authorized Purchasers: \_\_\_\_\_

Are you a:

**Corporation:**

State of incorporation \_\_\_\_\_

Name, titles, and addresses of your three chief corporate officers

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

\_\_\_\_\_  
Name and address of your resident agent

**Partnership:**

Names and addresses of your partners

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

**Sole Proprietorship:**

Yes \_\_\_\_\_

**Trade References**

Reference #1                      Name \_\_\_\_\_  
   Address \_\_\_\_\_  
   Phone \_\_\_\_\_

Reference #2                      Name \_\_\_\_\_  
   Address \_\_\_\_\_  
   Phone \_\_\_\_\_

Reference #3                      Name \_\_\_\_\_  
   Address \_\_\_\_\_  
   Phone \_\_\_\_\_

**Bank References**                      Account # \_\_\_\_\_  
   Phone \_\_\_\_\_  
   Contact person \_\_\_\_\_  
   Name of Bank \_\_\_\_\_  
   Address \_\_\_\_\_

I represent that the above information is true and is given to induce an extension of credit to the applicant. My company and I authorize such a credit investigatoin as is necessary to consider such an extension of credit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks , and credit reporting agencies to disclose any and all information concerning the financial and credit history of the company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_                      Date: \_\_\_\_\_

**General Terms and Conditions and Personal Guarantee**

1. Bills are sent on or about the 15th day and the last day of each month. You may be eligible to take a discount, if indicated on the bill, by paying the invoice in full by the 10th of the month.
  
2. All bills become payable in full on the 10th day of the month. Bills not paid in full by the last business day of the month are considered past due, are subject to interest and may be turned over to an attorney for collection.
  
3. A service charge of 1.5% per month will be charged to any unpaid bill that becomes past due or that remains past due. This service charge accrues on the first day of the month. In no event shall acceptance of late payment waive any of the terms and conditions herein.

4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. Company and Personal Guarantor agree to be liable for any costs of collection of any past due amounts including, without limitation, reasonable attorneys' fees.
  
5. By signing below the Personal Guarantor acknowledges he or she will be personally responsible for repayment of the Company account, in the event of default on the terms herein by the Company. The Personal Guarantor and Company further understand that such personal guarantee is a material condition to approval of this credit application.

Personal Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guarantor Residential Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_