



P.O. Box 2494
 Lexington, SC 29071
 Phone 803-808-0825
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CREDIT APPLICATION

www.capitalconcreteco.com

ACCOUNT NAME	TELEPHONE:	PLEASE CHECK ONE <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Government <input type="checkbox"/> Individual Personal <input type="checkbox"/> Individual Business
	FAX:	
STREET ADDRESS	MAILING ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	

CUSTOMER REQUIREMENTS AUTHORIZED BUYERS

INDIVIDUAL ACCOUNT

EMPLOYMENT _____	DATE OF BIRTH _____
ADDRESS _____	SOCIAL SECURITY NO. _____

COMMERCIAL ACCOUNT

COMPANY OFFICERS/PARTNERS	HOME OFFICE ADDRESS	TYPE OF BUSINESS	DATE STARTED
		FEDERAL TAX NO.	TAX EXEMPT YES NO
		CONTRACTOR LICENSE NUMBER	

NAME OF BANK	ADDRESS OF BANK	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> LOAN
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CREDIT REFERENCES - * Field Required

NAME	NAME
ADDRESS	ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
* FAX #/E-mail	* FAX #/E-mail

NAME	NAME
ADDRESS	ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
* FAX #/E-mail	* FAX #/E-mail

CONDITIONS AND TERMS OF THIS ACCOUNT

Interest at the rate of 1.5% per month (18% annually) will accrue on any account not paid by the 10th of the month following the date of invoice. Failure to pay invoice within thirty days from due date may result in a CREDIT HOLD on your account.

All returned checks will result in a \$30.00 processing fee and any bank service fee on the deposit, imposed against Capital Concrete Co. Receipt of one or more returned checks will result in reevaluation of your account and may result in cash only basis.

In the event this account is placed in the hands of an attorney for collection, I and/or we agree and promise to pay all costs and expenses incurred in connection with the collection of the account, including Capital Concrete Co.'s reasonable attorney's fees.

All purchases of materials are subject to and governed by these terms and conditions.

Payments received will be applied according to any specification indicated on the remittance. If no such specifications is made, payment will be applied to the oldest invoice.

Permission is granted as evidenced by my (our) signature(s) below for Capital Concrete Co. or its agents to contact the references listed hereon, or any other source, including but not limited to credit bureaus, for the purpose of obtaining credit information. The creditor, bank, lending institution, or other source contacted has my/our permission to furnish Capital Concrete Co. with any and all information requested.

APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE	WITNESS SIGNATURE	DATE
APPLICANT PRINTED NAME	CO-APPLICANT PRINTED NAME	WITNESS PRINTED NAME	DATE