



3600 Leitchfield Road
Cecilia, KY 42724-9640
(270) 737- 8296
(270) 737-7277

Salesman: _____

Application for Credit

Reason for Credit (check only one)

Date ___/___/___

New Home _____ Home Improvement _____ Open Commercial Account _____

Business Improvement _____ One-Job Commercial Account _____ Job Name: _____

Name of Account: _____

SS# or Federal ID# _____

Billing Address _____ **City** _____

State _____ **Zip Code** _____

Phone # _____ **Fax #** _____

Jobsite Address

_____ **City** _____ **State** _____ **Zip** _____

Phone # _____ **Fax #** _____

Owners, Partners or Corporation Officers (if applicable)

Name _____ Title _____ SS# _____

Name _____ Title _____ SS# _____

Name _____ Title _____ SS# _____

Name _____ Title _____ SS# _____

Credit Line (amount requested) _____

Expected Job/Annual Purchases _____

Kentucky State Sales Tax Exempt? (circle) YES NO

If yes please attach exemption certificate

Bank Information

Name of Bank: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Contact: _____ **Phone #** () _____

Primary Account # _____

Hardin County Plants
(270) 737-2858
(270) 351-8885

Larue County Plant
(270) 358-4274

Nelson County Plant
(502) 348-4222

Shelby County Plant
(502) 633-3955

Ohio Valley Plants
(812) 282-6671



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Salesman: _____

Trade References

	<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Kentucky Concrete, Inc. to investigate all references and customary credit information sources regarding my/our credit and financial responsibility. Initials_____

Credit Policy

Statements are rendered as of the last day of the month. COD restrictions may be places on any past due account.

Credit and Payment terms

All invoices are due net 30 days. After 30 days a service charge of one and one half percent (1 ½ %) per month will be charged on all delinquent balances. Service charges will be added to monthly statement. No separate invoice will be issued for service charges.

Any discount, if offered, is not earned if payment is received after the 15th.

In the event of default, and if this account is turned over to an agency for collection, the undersigned agrees to pay customary attorney fees, and/or cost of collection in an amount equal to 25% of the full amount due and owing whether or not suit is filed or judgment rendered.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINES TO PAY IN ACCORDANCE WITH THE ABOVE TERMS:

Individuals, Proprietorships and Partnerships:

Signed _____ Title _____

Printed Name _____

Signed _____ Title _____

Printed Name _____

***Corporations will need to complete the following page**

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Salesman: _____

Corporations, all

Name of Corporation: _____

By: _____ Title _____ (must be an officer)

Printed name: _____

By: _____ Title _____ (must be an officer)

Printed name: _____

By: _____ Title _____ (must be an officer)

Printed name: _____

PERSONAL GUARANTEE

For valuable consideration, the receipt of which is hereby acknowledged: including but not limited to the extension of credit by Kentucky Concrete, Inc. hereafter Oblige, to _____ (insert name of corporation), hereafter Obligor, the undersigned, jointly and severally, unconditionally guarantee to Oblige the full and prompt payment of Obligor, of all obligations which Obligor may have to Oblige presently or hereafter. Further, the undersigned agrees to indemnify Oblige against any losses Oblige may sustain and expenses Oblige may incur as a result of any failure of Obligor to perform. Including all invoice charges, interest/carrying charges and cost of collection. This shall constitute a continuing guarantee for five years from the date of signature below and shall not exceed the sum of \$100,000.00 exclusive of interest court costs and/or attorney's fees.

Signed personally _____ Date _____

Printed name _____

Signed personally _____ Date _____

Printed name _____

Signed personally _____ Date _____

Printed name _____

EXPIRES _____, 20__

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