

# Superior Concrete, Inc.

P. O. Box 1147  
Harrisonburg, Virginia 22803  
540-433-2482  
540-433-7045 fax

## CREDIT APPLICATION AND AGREEMENT (Business)

Date \_\_\_\_\_

Legal Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Cell phone # (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Indicate Type of Business: Partnership \_\_\_\_ Corporation \_\_\_\_ Sole Proprietorship \_\_\_\_

Other \_\_\_\_\_ Year Business Started \_\_\_\_\_ Email Address \_\_\_\_\_

Federal I.D. # \_\_\_\_\_

I pay sales tax \_\_\_\_ I am tax exempt \_\_\_\_ Tax Number \_\_\_\_\_

(Attach Exemption Cert.)

### SOLE PROPRIETORSHIP

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Spouse Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address (if different from business address) \_\_\_\_\_

Telephone No. \_\_\_\_\_

### PARTNERSHIP (INCLUDE ALL PARTNERS)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Additional Partner(s)

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

**CORPORATION (OFFICERS)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

**TRADE REFERENCES**

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

List person(s) in charge of your Accounts Payable: \_\_\_\_\_

\_\_\_\_\_

Do you use purchase orders? \_\_\_\_\_

Names of persons authorized to order merchandise: \_\_\_\_\_

\_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Have you ever had judgments or liens against you? \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

I agree that all invoices or monthly statement amounts each month will be paid by the end of the following month. In the event of any default in payment, I agree to pay a finance charge of 1% of the unpaid balance which is an annual percentage rate of 12%. I further agree to pay any court costs and reasonable attorneys fees necessary for collection of any balance in default.

Superior Concrete, Inc. is authorized to check my credit history and to answer questions about their credit experience with me if requested.

**SIGNATURE (Owner, Partner, Officer)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

We offer the option of faxing or emailing your invoices and statements. Either option will allow you to receive them faster than regular mail.

I would like my invoices/statements emailed to \_\_\_\_\_.

I would like my invoices/statements faxed to \_\_\_\_\_.

I want to receive my invoices/statements by regular mail. \_\_\_\_\_

Thank you

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**FOR OFFICE USE ONLY**

APPROVED Date \_\_\_\_\_ Credit Limit Amount \_\_\_\_\_

Signed \_\_\_\_\_

**TO SUBMIT THIS APPLICATION:** Please SAVE, DOWNLOAD, and ATTACH as an email file attachment, sent to: **kdiehl@superiorconcreteinc.com**