



**MULTIPLE CONCRETE
ACCESSORIES CORP.**

APPLICATION FOR CREDIT AND AGREEMENT TO CREDIT TERMS

COMPANY NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX#** _____

NATURE OF BUSINESS _____ **YEARS IN BUSINESS** _____

AMOUNT OF CREDIT REQUESTED _____

PRINCIPALS NAMES _____

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE EMAIL ADDRESS _____

BANK NAME _____ **ACCOUNT #** _____

PHONE _____ **FAX #** _____

TRADE REFERENCES ...PLEASE COMPLETE IN FULL

NAME _____ **ADDRESS** _____

PHONE # _____ **FAX#** _____ **EMAIL** _____

NAME _____ **ADDRESS** _____

PHONE # _____ **FAX#** _____ **EMAIL** _____

NAME _____ **ADDRESS** _____

PHONE # _____ **FAX#** _____ **EMAIL** _____

NAME _____ **ADDRESS** _____

PHONE # _____ **FAX#** _____ **EMAIL** _____

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4365 N. 124th Street • Brookfield, WI 53005 • 262/781-4600 • Fax: 262/781-5687

www.multipleconcrete.com

In consideration of MULTIPLE CONCRETE ACCESSORIES CORP. extension of credit, I, the customer, agree to the following terms:

The customer agrees to pay the amount of any outstanding balance within 30 days. Customer agrees to pay a service charge on all outstanding balances unpaid at the end of the following month. The service charge will be 1 1/2% per month (18% per annum). Such service charges shall become a part of the customer's outstanding balance.

In the event MULTIPLE CONCRETE ACCESSORIES must take legal action to collect on this account, customer agrees to pay all reasonable attorney's fees, court costs, sheriffs fees and bond cost incurred by MULTIPLE CONCRETE ACCESSORIES.

I certify that all the information on this form is correct, and that I fully understand your credit terms. In addition, I personally guarantee payment in full of this account.

In the case of corporate accounts, the undersigned personally guarantees payment of the indebtedness.

SIGNED _____ DATE _____

PRINT _____ NAME _____ HOME
PHONE _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

CORPORATION? YES _____ NO (PLEASE SPECIFY _____)

STATE OF INCORPORATION _____

FEDERAL ID# (TIN OR SS#) _____

For office use only:

DATE _____ CREDIT _____ APPROVED _____ CREDIT
LIMIT _____

SALESMAN # _____ ACCOUNT # _____ APPROVED BY _____

YOUR BANK NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TO WHOM IT MAY CONCERN:

I _____ **OF** _____
(YOUR NAME) (YOUR COMPANY NAME)

AUTHORIZE _____ **TO RELEASE INFORMATION**
(YOUR BANK NAME)

CONCERNING MY ACCOUNT NUMBERS _____
(LIST ACCOUNT #'S)

TO MULTIPLE CONCRETE ACCESSORIES CORPORATION.

SINCERELY,

(YOUR SIGNATURE HERE)