

APPLICATION FOR CREDIT AND AGREEMENT TO CREDIT TERMS

COMPANY NAME		
ADDRESS	V:	
CITY	STATE	ZIP
PHONE	FAX#_	
NATURE OF BUSINESS		YEARS IN BUSINESS
AMOUNT OF CREDIT REQU	JESTED	
PRINCIPALS NAMES		
ACCOUNTS PAYABLE CON	NTACT	
BANK NAME	P	ACCOUNT #
PHONE #	FA	X #
TRADE REFERENCES PLEASE COMPLETE IN FULL		
NAME	ADDRESS	
PHONE #	FAX#	
NAME	ADDRESS	S
PHONE #	FAX#	
NAME	ADDRES	SS
PHONE #	FAX#	
NAME	ADDRES	S
PHONE #	FAX#	

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, sheriff's 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# ACCO	OUNT # APPROVED BY

DATE	
YOUR BANK NAME	
ADDRESS	
CITY	STATEZIP
TO WHOM IT MAY CONCERN:	
I,(YOUR NAME)	OF
(YOUR NAME)	(YOUR COMPANY NAME)
AUTHORIZE	TO RELEASE INFORMATION
(YOUR BANK NA	ME)
CONCERNING MY ACCOUNT N	NUMBERS
	(LIST ACCOUNT #'S)
TO MULTIPLE CONCRETE ACC	CESSORIES CORPORATION.
SINCERELY,	
(YOUR SIGNATURE HERE)	