Dave's Concrete Products, Inc.

79811 M40 Lawton, MI 49079

269-624-4100 or fax # 269-624-4109

Application for Credit

Company.		Phone.					
Fax number:	Cell Phone:						
Street Address.	City:			State:			
Mailing Address.							
Type of ownership, Corporation _	Where c	hartered	_ Partner Ir	idividual _			
Years in businesse-m	ail address.						
Names of principal owners	Title	<u>Title</u> <u>Address</u>			Driver Lic#		
1							
2.							
Name of bank:		Phone:		Fax:			
Type of Account:	Account #: _						
Tax Status, Taxable, Non taxa	ble: Exen	npt#					
If sales tax exempt, please enclose	a copy of an	exemption certi	ficate.				
	References (firms selling to y	ou on credit)				
Company Name Addi	ress		Phone	e	Fax		
1							
2							
3							
Requested Credit Limit (Monthly)							
If Credit is approved, I agree to ter	ms to be paid	d in full by the 1	O th of the month	ı following	g month of shipment.		
A 2% per month finance charge w							
-							
Owners signature:		and the second second	Title:		Date:		
Guaranty							
In order to sell goods on credit to t	he above cor	npany, the unde	rsigned persona	ally guarai	ntees and agrees to		
pay when due or upon demand, th	e full amoun	it of the indebted	dness owed to D	ave's Con	crete Products, Inc. in		
connection with such sales on cred							
					Date		
Signed.		_Dr. lic #			Date:		