CREDIT APPLICATION

PLEASE FILL OUT APPLICATION COMPLETELY:

| COMPANY | NAME | | | | | |
|---------------|----------------------------------|------------------|--------------|--------------|-------------|--|
| FEDERAL II | DENTIFICATION | NUMBER | | | | |
| EMAIL ADD | DRESS | | | | | |
| STREET AD | DRESS | | PHONE # | | | |
| CITY | | STAT | STATEZ | | | |
| BILLING AI | DDRESS | | | | | |
| CITY | ТҮ | | STATE | | ZIP CODE | |
| PROPRIETO | OR/OWNER &/OR | PARTNER'S NAME/S | S | | | |
| CORP | PARTNERSHIPSOLE PROPRIETOR/OWNER | | | | | |
| DATE ESTA | BLISHED | CREDIT A | MOUNT REQUES | STED | | |
| WHAT TYP | PE(S) OF PRODU | CT WOULD YOU BE | PURCHASING F | FROM OUR CO | MPANY? | |
| Please circle | e all that apply. | | | | | |
| Masonry | Electrical | Catch basin | Precast | Versa-lok | | |
| Block | Products | Components | Curbing | Miscellaneou | is | |
| BANK REF | ERENCE: | | | | | |
| NAME | | F | BRANCH | | _PHONE # | |
| ADDRESS_ | | | FAX # | | | |
| CITY | | | | STATE | ZIP CODE | |
| CONTACT | | | | | | |

TRADE REFERENCES:

| *1. NAME: | _ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <u>ADDRESS</u> | |
| PHONE & FAX NUMBER | _ |
| CONTACT: | _ |
| *2. <u>NAME:</u> | |
| <u>ADDRESS</u> | |
| PHONE & FAX NUMBER | _ |
| CONTACT: | |
| *3. <u>NAME:</u> | |
| <u>ADDRESS</u> | |
| PHONE & FAX NUMBER | _ |
| CONTACT: | |
| THE INFORMATION ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND A UNDERSIGNED HEREBY GIVES PERMISSION & AUTHORIZES THE RELEASE OF CREDIT INFOCOMWELL CONCRETE PRODUCTS CO., INC. FOR THE PURPOSE OF GATHERING CREDIT IN VERIFICATION OF THE INFORMATION SUPPLIED ABOVE. THE UNDERSIGNED AGREES TO FITHE RATE OF 1 % PER MONTH AFTER 30 DAYS ON ALL UNPAID BALANCES, TOGETHER WITH COSTS AND ATTORNEY FEES. | RMATION TO FORMATION & PAY INTEREST AT |
| SIGNATUREDATE PROPRIETOR/OWNER | |
| PRINT/TYPE NAME | |