

MID AMERICA READY MIX LLC
221 BAKER AVE
PO BOX 1205
GREAT BEND KS 67530
620-792-2550/FAX 620-793-9245

The Undersigned Company is applying for credit and agrees to abide by the standard terms and conditions as printed on this application.

COMPANY NAME: _____
DBA (if different): _____
CONTACT PERSON: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BILLING ADDRESS (if different): _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____
FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: _____
TYPE OF BUSINESS: _____ NO. OF EMPLOYEES: _____
DATE BUSINESS ESTABLISHED: _____
METHOD OF PAYMENT: CHECK _____ ACH _____ CREDIT CARD _____ (3% HANDLING CHARGE)
PREFERRED STATEMENT AND INVOICE DELIVERY METHOD: MAIL _____ EMAIL: _____
HAVE YOU EVER HAD CREDIT WITH US BEFORE? NO ___ YES ___ (if yes under what name) _____
AUTHORIZED PURCHASERS: NAME _____ JOB TITLE: _____
NAME: _____ JOB TITLE: _____
NAME: _____ JOB TITLE: _____

TYPE OF BUSINESS:

SOLE PROPRIETORSHIP: _____

CORPORATION: _____

STATE OF INCORPORATION: _____

NAME, TITLES, AND ADDRESS OF YOUR THREE CHIEF COPORATE OFFICERS:

NAME: _____

NAME: _____

NAME: _____

NAME AND ADDRESS OF YOUR REGISTERED AGENT: _____

PARTNERSHIP: _____

NAME AND ADDRESS OF YOUR PARTNERS:

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

LIMITED LIABILITY: _____

NAME AND ADDRESS OF YOUR MEMBERS:

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

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TRADE REFERENCES

Reference #1 NAME: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 TYPE OF BUSINESS: _____ CONTACT: _____

Reference #2 NAME: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 TYPE OF BUSINESS: _____ CONTACT: _____

Reference #3 NAME: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 TYPE OF BUSINESS: _____ CONTACT: _____

Bank Reference NAME: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 CONTACT NAME: _____

I represent that the above information is true and is given to generate an extension of credit to the application. My company and I authorize such a credit investigation as is necessary to consider such an extension of credit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose any and all information concerning the financial and credit history of the company and myself including, but not limited to, information relating to my account and payment history.

GENERAL TERMS

All accounts are due and payable on the 10th of the following month.
A finance charge of 1.5% per month will be charged to any unpaid bill that becomes past due or remains past due. This service charge accrues on the first day of the month. In no event shall acceptance of late payments waive any of the terms and conditions herein.
Past due accounts will be turned over for collections and customer will be liable for all reasonable attorney fees, court cost and finance charges.
No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. I have read the terms and conditions stated above and agree to all of these terms and conditions.

AUTHORIZED SIGNATURE: _____
PRINTED NAME: _____
TITLE: _____ DATE: _____

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PERSONAL GUARANTOR

By signing below the Personal Guarantor agrees that he or she will be personally responsible for payment of the Company account. This is a guarantee of payment, not of collections. Personal Guarantee agrees that this guarantee remain in effect until all amounts to the Company Account have been paid in full.

Mid America Ready Mix LLC is not required to seek payment from another source before demanding payment from Personal Guarantor.

THE PERSONAL GUARANTOR AND COMPANY FUTHER UNDERSTAND THAT SUCH PERSONAL GUARANTEE IS A MATERIAL CONDITION TO APPROVAL OF THIS CREDIT APPLICATION.

I have read and agree to all the terms and conditions listed above

PERSONAL GUARANTOR SIGNATURE: _____ DATE: _____

GUARANTOR PRINTED NAME: _____ PHONE: _____

RESIDENTIAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY: _____ DRIVERS LICENSE #: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BANK NAME: _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____