QUIKRETE®
What America's Made Of®

Credit Application

This Application is made for the extension of credit by any affiliate or subsidiary of QUIKRETE® Holdings, Inc. (Hereinafter jointly identified as "Creditor")

Date: _____

Legal Company Name: _____

DBA or Trade Name: _____

Billing Full Address: _____

Physical Full Address: _____

Office Phone Number: _____ Fax Number: _____

Billing Email: _____

Mobile/Cell Phone Number: _____ Purchase Order Required? ☐ Yes ☐ No

Sales Tax Exemption#: _____ *(Please attach signed Certificate(s) of Exemption, if applicable)*

PRINCIPAL OWNERS, STOCKHOLDERS, AND/OR DIRECTORS

Name: _____ Name: _____

Social Security Number _____ Social Security Number: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

TRADE REFERENCES

1. Bank: _____ Address: _____ Email: _____
2. Vendor: _____ Address: _____ Email: _____
3. Vendor: _____ Address: _____ Email: _____
4. Vendor: _____ Address: _____ Email: _____

The undersigned agrees that if this application is accepted, all purchases made shall be due and payable within 30 days of invoice date. Permission is granted to obtain a consumer and/or commercial credit reports on the business and/or the owner(s)of the business from time to time,and to obtain credit and funding in formation from any source,as deemed necessary by Creditor. The applicant and the undersigned principal owner, stockholders, and directors agree to be personally liable, jointly and severely, for the prompt payment of the amount, and in the event, expenses are incurred in the collection of the account because of failure to pay when due, the undersigned agrees to pay such expenses including reasonable attorney's fee. Invoices over 30 days outstanding are subject to finance charges.

Owner/Officer Signature: _____

Printed Name of Signatory: _____

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AUTHORIZATION FOR RELEASE OF BANKING INFORMATION

TO:

Bank Name: _____

Bank Phone: _____

City/State/Zip: _____

Account Number(s): _____

RE:

Company Name: _____

Company Address: _____

I hereby authorize release of banking information to The QUIKRETE Companies, LLC and any subsidiary of for the sole purpose of establishing or updating my account.

Sincerely,

Owner/Officer Signature: _____

Date: _____

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BANK VERIFICATION REQUEST

Bank Name: _____

The applicant named below has requested credit from us and has given you as a banking reference. We would appreciate your cooperation in helping us to make a fair determination. We will maintain this information in the strictest confidence.

Name/Firm: _____

Account Number: _____

Authorized Signature (*See Attached Authorization)*

Type of account: _____

Opened: _____

Average Balance:

Low: _____ Fig.

Mod: _____ Fig

Med: _____ Fig

High: _____ Fig

Other: _____

Satisfactory? ☐ Yes ☐ No

NSF/Returns? ☐ Yes ☐ No

Signature: _____Title: _____

Date: _____

Thank you for your kind attention in this matter.

Sincerely: _____

Date: _____

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CREDITOR

The applicant named below has requested credit from us and has given your name as a reference. We would appreciate your cooperation in helping us to make a fair determination. We will maintain this information in the strictest confidence and would be pleased to reciprocate upon request.

Name/Firm: _____

Address: _____

Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

Credit from: _____ Credit to: _____

Terms: _____

Highest recent credit $: _____

Total present balance $: _____

Total past due $: _____

PAYMENT RECORD

☐ Discounts ☐ Prompt ☐ Acceptable ☐ Slow but collectible ☐ Requests extension

☐ Unsatisfactory ☐ With agency/attorney ☐ Account secured ☐ Accepts CODs Recent Trend

☐ Prompt ☐ Slow

ACTIVITY

☐ Heavy ☐ Moderate ☐ Light ☐ No activity in last 12 months

Credit refused because: _____

Makes unjust claims such as: _____

Credit information supplied by: _____

Thank you for your kind attention in this matter.

Sincerely: _____

Date: _____

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