

Billing Inquiries
PO Box 440187
St. Louis MO 63144
PHN: 314-373-1009

EASTERN MISSOURI CONCRETE, LLC

CREDIT APPLICATION

Dispatching/Sales
PO Box 440187
St. Louis MO 63144
PHN: 314-849-5800

LEGAL COMPANY NAME: _____ DBA: _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: (____) _____ FAX #: (____) _____ A/P CONTACT: _____

PREFERENCE TO RECEIVE INVOICES:

POSTAL MAIL EMAIL E-MAIL ADDRESS: _____

YEARS IN BUSINESS _____ FEDERAL TAX ID# _____ STATE CHARTER # _____

ANY PENDING LITIGATION? Yes No HAVE YOU EVER FILED BANKRUPTCY? Yes No If yes, year filed: _____

ANNUAL SALES: \$ _____ DESCRIPTION/SIZE OF INITIAL ORDER: _____

PLEASE CHECK ONE: Corporation Partnership Proprietorship Other _____

TYPE OF BUSINESS: (check all that apply)

Commercial: Flatwork Foundations General Contractor Paving

Residential: Flatwork Foundations General Contractor Paving

Highway: Bridgework Paving

Government: _____ Utility: _____ Other: _____

OFFICERS, PARTNERS, AND/OR PRINCIPALS: (MUST BE COMPLETED BY ALL FOR CONSIDERATION FOR CREDIT)

NAME TITLE SOCIAL SECURITY NUMBER CELL PHONE NUMBER

HOME ADDRESS CITY STATE ZIP CODE HOME PHONE #

NAME TITLE SOCIAL SECURITY NUMBER CELL PHONE NUMBER

HOME ADDRESS CITY STATE ZIP CODE HOME PHONE #

BUSINESS ACCOUNT REFERENCES (MUST BE BUSINESS ACCOUNTS):

BUSINESS NAME PHONE NUMBER FAX NUMBER

BUSINESS ADDRESS CITY STATE ZIP CODE

BUSINESS NAME PHONE NUMBER FAX NUMBER

BUSINESS ADDRESS CITY STATE ZIP CODE

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Bank Reference: _____ Phone: _____ Fax: _____
Address: _____ Contact Person: _____
Persons authorized to sign: _____

Bank Reference: _____ Phone: _____ Fax: _____
Address: _____ Contact Person: _____
Persons authorized to sign: _____

AUTHORIZATION OF APPLICANT TO OPEN CREDIT ACCOUNT

In lieu of a financial statement and in order to induce Eastern Missouri Concrete LLC (EMC) to process this application and sell merchandise to the applicant, the principle owners, officers or partners must sign the following assumption of responsibility and guaranty agreement. If applicants business is a sole proprietorship this application must have the signature of spouse, or if a partnership this application must have the signatures of all partners. By executing this credit application applicant agrees and understands that this application is as evidence of liability on the part of EMC to the undersigned or any other entity, individual or third party.

Applicant assumes full responsibility for and guarantee payment of all past, current and future sums due and payable to EMC under Net 30 terms by the applicant above listed, including reasonable finance charges, attorney's fees, 3rd party collection fees, court costs, and interest (18% per annum), should the account become delinquent and/or placed for collections. The undersigned agrees that any and all disputes shall be governed by the law of the State of Missouri and all claims shall be brought to and maintained in the Circuit Court of St. Louis County, Missouri.

Applicant certifies that all the information on this form is correct. Applicant fully understands your credit terms are Net 30 and agrees to payment in accordance with those terms in consideration of credit. The above information is submitted only for the purpose of obtaining credit accommodation. Applicant authorizes EMC access to our business and/or personal credit history.

Signature: _____ Date: _____
Print Name: _____ Title: _____
Company : _____

Signature: _____ Date: _____
Print Name: _____ Title: _____
Company : _____

*****YOU MAY RETURN THIS APPLICATION BY FAX TO 314-373-1008*****



FOR OFFICE USE ONLY

Approved Denied Approved By: _____ Date: _____ Account# _____ Sales Rep: _____