

CEMENTEX CREDIT APPLICATION

Company Name _____

Billing Address _____

Phone _____ Fax _____ E Mail address _____

In Business Since 19____ Number of employees _____

Check one: ___Proprietorship ___Partnership ___Corporation, State of _____

Annual Sales _____ Estimate monthly purchase \$ _____

OWNERS/OFFICERS

| Name | Home Address | Home Phone | SS Number |
|------|--------------|------------|-----------|
|------|--------------|------------|-----------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TRADE REFERENCES

| Name | Address | Phone Number & Fax |
|------|---------|--------------------|
|------|---------|--------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

BANK REFERENCE

| Name | Location | Phone & Fax Number | Account # |
|------|----------|--------------------|-----------|
|------|----------|--------------------|-----------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

_____ and _____
 Applicants Social Security Number Federal Tax Number Name of Applicant

Drivers License # _____

 Signed by Date

I/We personally guarantee payment for all materials purchased by applicant.

Signed _____

Signed _____