

Springville Ready Mix, Inc.

P.O. Box 99

Springville, IA 52336

Phone 319-854-7415 Fax 319-854-7457

Date: _____

Application for Commercial Credit

Credit Limit Requested: \$ _____

APPLICANT				
Full Legal Name		DBA (if different)		
Business Street Address		City	State	Zip Code
Business Street Address		City	State	Zip Code
Business Phone No.	Business Fax No.		Mobile No.	
Website	Email Address			
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (specify) _____				
Federal Tax ID # or Social Security No.			Years in Business	
OWNERSHIP INFORMATION				
Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.				
Name	Title	Ownership%	Home Address	Home Phone No.
BANK REFERENCES				
Bank #1				
Bank Name		Contact	Phone No.	Email or Fax No.
Account No.	Account Type		Bank Address	
Bank #2				
Bank Name		Contact	Phone No.	Email or Fax No.
Account No.	Account Type		Bank Address	
TRADE REFERENCES				
Please list three significant business relationships				
Name	Contact	Address	Phone No.	Email or Fax No.

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MORTGAGE HOLDER/ LANDLORD INFORMATION

Name	Contact
Address	Phone No.
Do you rent or own premises that the business occupies?	Years at location
Has the company or any officer, partner, member, or owner ever filed for bankruptcy? (If yes attach detail) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes under what name _____).	
By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of _____, I also agree and accept that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns. The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The applicant authorizes creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a _____ per month finance charge. The applicant further agrees to pay a _____ collection charge in the event of default, if the account is placed with a collection agency or attorney. Signature: _____ Title: _____ Print Name: _____ Date: _____	
PERSONAL GUARANTEE	
In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ owed to _____. This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of _____. revocation shall not affect indebtedness incurred prior to receipt of written notice. Signature: _____ Date: _____ Print Name: _____ Social Security Number: _____	