

## **APPLICATION FOR CREDIT**

COMPANY NAME:

Internal Use Only Co/Loc:
Salesman:
MSA: (Yes/No) (If Yes, please attach)
Job Info Sheet: (Yes/No) (If Yes, please attach)

DATE: \_\_\_\_\_

PHONE NO: (\_\_\_\_)\_\_\_\_\_

AGGREGATE HAULERS I, L.P. 15080 TRADESMAN DRIVE SAN ANTONIO, TEXAS 78249 (210) 492-5501 • Fax (210) 492-0031

**GENERAL** 

MAILING ADDRESS: _								
STREET ADDRESS:			CITY		STATE	ZIP		
			CITY		STATE	ZIP		
TYPE OF ENTITY	CORPORATION	PARTNERSHIP	PROPRIETORSHI	[P	YEAR ESTA	BLISHED		
ASSOCIATED COMPAN	IES/FORMER BUSINE	SS NAME						
OFFICER/OWNER								
NAME - TITLE:	NAME - TITLE:							
HOME ADDRESS:	HOME ADDRESS:							
CITY/STATE:		ZIP	CITY/STATE:			ZIP		
PHONE NO. ()_			PHONE NO. ()					
SOCIAL SECURITY NO	-		SOCIAL SECURITY NO					
<u>FINANCIAL</u>								
BANK NAME		_ ACCOUNT NO	1	PHONE	NO. ()_			
TRADE REFERENC	<u>ES</u>							
NAME		ADDRESS		PHONE	NO.			
1				(	)			
2				(	)			
3				(	)			
All sales are expressly conditional on the Buyer's agreement to the standard terms of Net 30. Any different or additional terms or conditions proposed by Buyer in a purchase order or otherwise are objected to by Seller and will not be binding upon Seller unless specifically assented to in writing by an authorized representative of Seller's management.								
invoices not paid by the 30 the maximum rate allowal agreed that all obligations that the goods purchased attorney, the applicant an	Oth day after the invoice ble under applicable stat soft the parties created if herein are not intended its guarantors shall be ng account with credit its guarantors can be ng account with credit its	is due and payable, at th e or federal law, and in s herein are performable i d for personal, family, h I liable for reasonable att reporting agencies and c	e rate of Eighteen (18%) I uch event interest will be n the county of the office iousehold or agricultural iorney's fees. Supplier is a others. including personal	Percent charged indicate use. If to outhorize	per annum, unle at the maximun ed above. The ap this applicant is ed to investigate	nterest will be charged on all ss such interest ever exceeds n allowed rate. It is expressly oplicant expressly represents placed for collection with an and obtain reports regarding ation must be signed by an		
OFFICER & TITLE:			DATE:					
absolute, complete and co extended and/or renewed	ontinuing, and that no no I without notice to me. T sents to Aggregate Haule	otice of the indebtedness That I will, within 5 days	already or hereafter cont from the date of notice t	racted r	need be given. The account is past	agree that this guarantee is ne terms may be rearranged, due, pay the amount due, in edit worthiness in connection		
Guarantor's Printed Name	2		Guarantor's Signature		Date			
Social Security Number			Address					