

**Knoxville Concrete, Inc.**  
**PO Box 50965**  
**Knoxville, TN 37950**  
**(865) 693-7788 Fax (865) 693-2121**

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of as printed on the reverse side.

\_\_\_\_\_  
Company name

\_\_\_\_\_  
DBA (if different)

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Street Address/City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Pager

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Federal tax ID or Social Security number.

\_\_\_\_\_  
Type of business

\_\_\_\_\_  
Date business established

\_\_\_\_\_  
Amount of credit requested \$

Are you a:

CORPORATION

\_\_\_\_\_  
State of incorporation

Names, titles, and addresses of your three chief corporate officers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of your resident agent

\_\_\_\_\_

PARTNERSHIP

Names and addresses of the partners

\_\_\_\_\_

\_\_\_\_\_

SOLE PROPRIETORSHIP

Are you sales tax exempt?                     Yes                     No

Have you ever had credit with us before?                     Yes                     No

If yes, under what name? \_\_\_\_\_

\_\_\_\_\_  
Authorized purchasers

\_\_\_\_\_

Purchase order required?                     Yes                     No

**TRADE REFERENCES****Reference #1****Name****Address****Phone****Fax (required)****Reference #2****Name****Address****Phone****Fax (required)****Reference #3****Name****Address****Phone****Fax (required)****BANK REFERENCES****Account #****Phone****Contact person****Name of bank****Address**

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

**Authorized signature:****Printed name:****Title:****Date:****GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. Statements are sent on the first day of each month. You may take the 2% discount as indicated on the bill if you pay the invoice by the 10th of the month.
2. All bills become payable in full on the 11th day of the month and if not paid by the end of the month are considered past due.
3. A service charge of 2% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. Customer is responsible for all and any reasonable cost associated with collecting on accounts, including reasonable attorney's fees.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.