

3260 North Preston Highway

Shepherdsville, Kentucky 40165

(502) 955-6962

**CREDIT APPLICATION**

E-mail: *KeithH@QualityStoneKY.com*fax (502) 955-6762

Date:

Business Type: Sole Proprietorship \_\_\_\_\_\_\_\_\_\_\_Partnership Corporation \_\_\_\_\_\_\_\_\_\_\_\_LLC\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:

Number of years in business: \_\_\_\_\_

Billing Name: ---------------------------------­

Mailing Address:

 Street address if different from mailing:

City: \_

State \_ Zip Code \_

Phone #----------------- Fax # ---------------

Place of Employment -------------Phone --------How Long

Building Site Address / Lot Number ----------------------

Bookkeeping Contact Person and Phone Number: -----------------

Construction Loan Bank and Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank References** **Account Number** **Phone**

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**Credit References** **Address Phone Fax**

**1** \_

# 2 \_

3 \_ \_

 Company information (Name, Phone, Title of Officers, Partners)

1 \_

2 \_

# 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**

Invoices are to be paid within 30 days from the date of the invoice. Customer agrees to pay a finance charge of 1.5% per month(18% Per Year)on balances past due. Customer agrees to a 2.5% convenience fee for balances paid by credit card.

By submitting this application, you authorize Quality Stone & Ready Mix, Inc. to make inquiries into the banking and trade references you have submitted.

Faxed and E-mailed applications are deemed to be original

Quality Stone & Ready Mix, Inc. reserves the right to revoke credit, demand full payment or reduce the credit line amount. If collection or legal action is necessary to receive amounts owed, the fees for those services will be charged to and paid by the applicant.

The Signature below is deemed acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

Signature Title Date