



APPLICATION FOR OPEN ACCOUNT PRIVILEGES

CUSTOMER INFORMATION:

GENERAL (Please print or type all information):

Company Name (Legal Name): _____

Trade Name (Division or DBA): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Web Site: _____

Type of Ownership (check all that apply):

<input type="checkbox"/> Publicly traded	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Private Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Other
<input type="checkbox"/> Sub-chapter S Corporation	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Wholly/majority owned subsidiary of:		
Name of Parent Co.: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		

Credit Limit Requested \$ _____

BILL-TO ADDRESS (address of department responsible for processing payments):

Department : _____

Attention: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

COMPANY PROFILE:

Describe the Company's primary business: _____

CONTRACTORS LICENSE # _____ **UBI#:** _____

Total number of employees: _____ **Federal Tax ID:** _____

Length of time in business as currently named company: _____ years _____ months.

Has this Company ever been involved in any bankruptcy proceeding? • Yes • No.

If Yes, how long ago? _____ years. When was the bankruptcy discharged (mmyy) ? _____

Are Purchase Orders required by your Company? • Yes • No.

Does your Company use credit cards for small dollar purchases? • Yes • No.

Will your purchases be exempt from state sales tax? • Yes • No

If Yes, send us a copy of your resale certificate

The normal number of days our system takes to process and pay invoices is (check one):

- 30 days or less
- 31 to 35 days
- 36 to 40 days
- 41 to 45 days
- 46 to 50 days
- 51 to 55 days
- 56 to 60 days
- 61 days or more

BANK REFERENCE (Required Information)

Primary Bank		Contact Name	
Address		City	
State	Zip	Phone	
Account Number		Fax	

TRADE REFERENCES (Required Information)

Name		Contact	
Address		City	
State	Zip	Phone	
Account Number		Fax	
Circle One::	<i>Prime Supplier</i>	<i>Vendor</i>	<i>Landlord</i>

Name		Contact	
Address		City	
State	Zip	Phone	
Account Number		Fax	
Circle One:	<i>Prime Supplier</i>	<i>Vendor</i>	<i>Landlord</i>

Name		Contact	
Address		City	
State	Zip	Phone	
Account Number		Fax	
Circle One:	<i>Prime Supplier</i>	<i>Vendor</i>	<i>Landlord</i>

The inclusion of the preceding bank and trade references information authorizes us to contact the individuals so named and discuss your relationship and status with them.

TERMS AND CONDITIONS OF OPEN ACCOUNT (Please Read Carefully):

PAYMENT TERMS ON ALL PURCHASES ARE NET 10th FM. Net 10th FM means that payments are to be received at Astrof Concrete Hardware & Rentals remit-to address on the 10th of the month following the month purchased on the invoice.

An additional 1.5% per month interest charge will be charged on all amounts not received within 30 days after invoice date, both before and after judgment, and continuing each month until received. In the event of default, the undersigned agrees to pay all costs of collection and attorneys' fees whether hourly or contingent, but not less than \$1,000, together with costs of court and further agrees that any legal action brought hereunder may be brought in the county and state in which Astrof Concrete Hardware & Rentals is domiciled. No terms or conditions hereof may be changed except by written consent of Astrof Concrete Hardware & Rentals. All sums due for goods and/or services purchased, by, for, or on behalf of the undersigned are payable to Astrof Concrete Hardware & Rentals at the "Remit to" address printed on each invoice.

This agreement shall be binding on the successors and assigns of the Applicant.

I/We hereby authorize Astrof Concrete Hardware & Rentals agent/representatives to secure a business credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

Dated this _____ day of _____ .

Applicant's Name: _____

Signed _____ Title _____

Print Name _____

WITHOUT SIGNING AND DATING, THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.