

CREDIT APPLICATION

CF Poeppelman Inc. / Pepcon Concrete

4755 North State Rout 721 Bradford, Ohio 45308 Phone: (937) 448-2191 Fax: (937) 448-2031

CUSTOMER INFORMATION					
Company:Address:	City	Ct-t-	7:	Phone #	
Billing Address:	City:	State:	zıp:	Sales Tax #	
Amount of credit required in \$:		in days		Suics Tux "	
_	Principal Nam	e and Titles:			
() Corporation	1				
() Partnership	2				
() Individual/Sole Proprietor Please list any trade/assumed names:	3				
Trouse list any trace assumed names.				 	
CREDIT INFORMATION					
Name of Bank:		Phone #			
Bank Address:			Acco	ount #	
Have you ever signed a petition or legal pleading, de with? Yes No? Please attach a co	claring bankruptcy on behalf of your opy of your company's last available	self, your corporation or an financial statement.	ny other entity with v	which you are or have been affiliated	
AUTHORIZING REPRESENTATIVE GUA	ARANTEE				
The undersigned can and will be liable for any unpai	d amounts. The personal credit of thi	s authorizing representativ	e will be used in mak	ring a credit decision and a consumer	
report on this representative may be obtained.					
INDEDGLOVED OUT DANGED MIGHT DE					
UNDERSIGNED GUARANTOR MUST BE () president () Vice President			auto au	() Authorized Signer	
Guarantor's Name:	Address:	etor () Pa		() Authorized Signer	
Social Security:					
Birthdate:					
Phone #: Home:	Business:				
agreement, and further agrees to pay the total balance first to enforce payment against the buyer also liable terminated and all amounts thereunder shall have bee guarantor will pay to the seller all cost of collection,	on this account, in the event of any den paid in full. In the event that the bu	lefault under the agreemen ayer or the guarantor fails t	t that guarantee, shal	l be applicable until the agreement has	
Personal guarantor signature:			Date:		
TO A DE DECEDENCES					
TRADE REFERENCES Name:	Address:		Fay:	#: (must be included)	
1				r. (must be included)	
2	2		2		
3	3		3		
BONDING/INSURANCE INFORMATION					
Bonding Company:			Phone:		
Insurance Company:		Phone:			
AGREEMENT					
I,Application is accurate and complete to the best of m	(name),		(title), hereby certi	ify that all information contained in this	
1) That the buyer is a valid business entity, 1.5% per month on all unpaid invoices after 30 days.	2) That I am duly authorized to exec	cute this application/agreen	nent, 3) To	o pay an additional financial charge of	
The within agreement will be interpreted according t	o the laws of the State of Ohio and ar	ny legal action brought by	the parties will be bro	ought in Ohio State Supreme Court,	
County of		Date:			
Officer name and title:		Signature:			