

# 37 Mining LLC

3133 Ranger Hwy  
Weatherford, TX 76086  
817-341-8744 Office / 817-594-1186 Fax

## Credit Application – Must be completed in full and Signed

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Legal Structure:** ( ) Corporation **Date Incorporated** \_\_\_\_\_ ( ) Partnership ( ) Proprietorship

If a Corporation, please list the three major stockholders and officers of the Corporation. If a Partnership or Proprietorship, please list the name, address and Social Security Number of all owners.

Name / Title

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed bankruptcy? ( ) No ( ) Yes What Year? \_\_\_\_\_ What Type \_\_\_\_\_

Are your purchases tax exempt? ( ) No ( ) Yes If so, please attach tax exempt certificate. State Law requires us to have a Tax exempt Certificate on file. **Tax must be charged until we receive the proper form.**

Federal ID Number \_\_\_\_\_ In business since: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Send statements & invoices via: ( ) Email ( ) Fax ( ) US Mail

Is Purchase Order Required? \_\_\_\_\_ Person authorized to order: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_ Type of Business: \_\_\_\_\_

### Trade References: List Bank first, then 3 others.

1. Name: (Bank) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account No. \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account No. \_\_\_\_\_

Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account No. \_\_\_\_\_

Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Account No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms and agreement on next page

This Application WILL NOT be considered unless completed and signed

**Credit Terms and Agreement**

Our terms are **Payment due by the 1<sup>st</sup> day of month following the date of invoice.** Any part of the payment not paid will be considered **PAST DUE** and will be charged a one and one-half percent (1 ½%) Service Charge (annual percentage rate of 18%) on the past due balance.

Your account will be assigned a **MAXIMUM CREDIT LIMIT**, subject to review at anytime, and should your unpaid balance exceed this limit, you will be required to make a payment on your account prior to the due date or accept purchases on a **CASH ON DELIVERY BASIS ONLY** until such time as your balance is reduced to within your credit limit. American Concrete reserves the right to discontinue **“CHARGE”** jobs should your account become past due, if there is an ownership or name change, in the event of bankruptcy, or at any time American Concrete, for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete investigation by American Concrete and understands that American Concrete will not process a **“CHARGE”** order until a signed and completed credit application has been submitted and approved.

Should it become necessary to place this account in the hands of an attorney for collection, applicant agrees to pay reasonable attorney’s fees and all costs of collection.

This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between American Concrete and the applicant.

**In consideration of the extension of credit privileges, I/We hereby grant to American Concrete a continuing guaranty of payment of this account and agree to personally guarantee payment of all indebtedness, including interest, collection costs, and expenses as stated above. This Application WILL NOT be considered unless completed and signed by an owner.**

**Individually:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Signature

**I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE TO BE BOUND BY THEM IN ALL RESPECTS.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

~~~~ For Office Use ~~~~

Type of Charge \_\_\_\_\_  
References: \_\_\_\_\_  
Credit Limit \_\_\_\_\_  
Approved by \_\_\_\_\_  
Date \_\_\_\_\_

Tax Exempt Form \_\_\_\_\_  
Terms \_\_\_\_\_  
Denied \_\_\_\_\_  
Reason \_\_\_\_\_