



CREDIT APPLICATION

Account Inquiries:
P.O. Box 440187
St. Louis, MO 63144
PHN & FAX: 314-373-1008
credit@easternmoconcrete.com



LEGAL COMPANY NAME: DBA:

BILLING ADDRESS: CITY STATE ZIP

PHYSICAL ADDRESS: CITY STATE ZIP

PHONE: ( ) FAX#: ( ) A/P CONTACT:

PREFERENCE TO RECEIVE INVOICES: POSTAL MAIL EMAIL

E-MAIL ADDRESS:

YEARS IN BUSINESS FEDERAL TAX ID# STATE CHARTER #

ANY PENDING LITIGATION? Yes No HAVE YOU EVER FILED BANKRUPTCY? Yes No If yes, year filed:

ANNUAL SALES: \$ DESCRIPTION/SIZE OF INITIAL ORDER:

PLEASE CHECK ONE: Corporation Partnership Proprietorship Other

TYPE OF BUSINESS: (check all that apply)

Commercial: Flatwork Foundations General Contractor Paving

Residential: Flatwork Foundations General Contractor Paving

Highway: Bridgework Paving

Government: Utility: Other:

OFFICERS, PARTNERS, AND/OR PRINCIPALS: (MUST BE COMPLETED BY ALL FOR CONSIDERATION FOR CREDIT)

NAME TITLE SOCIAL SECURITY NUMBER CELL PHONE NUMBER

HOME ADDRESS CITY STATE ZIP CODE HOME PHONE #

NAME TITLE SOCIAL SECURITY NUMBER CELL PHONE NUMBER

HOME ADDRESS CITY STATE ZIP CODE HOME PHONE #

BUSINESS ACCOUNT REFERENCES (MUST BE BUSINESS ACCOUNTS):

BUSINESS NAME PHONE NUMBER FAX NUMBER

BUSINESS ADDRESS CITY STATE ZIP CODE

BUSINESS NAME PHONE NUMBER FAX NUMBER

BUSINESS ADDRESS CITY STATE ZIP CODE

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Bank Reference: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Persons authorized to sign: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Persons authorized to sign: \_\_\_\_\_

**AUTHORIZATION OF APPLICANT TO OPEN CREDIT ACCOUNT**

In lieu of a financial statement and in order to induce Eastern Missouri Concrete LLC and Mark Twain Ready Mix to process this application and sell merchandise to the applicant, the principle owners, officers or partners must sign the following assumption of responsibility and guaranty agreement. If applicants business is a sole proprietorship this application must have the signature of spouse, or if a partnership this application must have the signatures of all partners. By executing this credit application applicant agrees and understands that this application is as evidence of liability on the part of Eastern Missouri Concrete LLC and Mark Twain Ready Mix to the undersigned or any other entity, individual or third party.

Applicant assumes full responsibility for and guarantee payment of all past, current and future sums due and payable to Eastern Missouri Concrete LLC and Mark Twain Ready Mix under Net 30 terms by the applicant above listed, including reasonable finance charges, attorney's fees, 3<sup>rd</sup> party collection fees, court costs, and interest (18% per annum), should the account become delinquent and/or placed for collections. The undersigned agrees that any and all disputes shall be governed by the law of the State of Missouri and all claims shall be brought to and maintained in the Circuit Court of St. Louis County, Missouri.

Applicant certifies that all the information on this form is correct. Applicant fully understands your credit terms are Net 30 and agrees to payment in accordance with those terms in consideration of credit. The above information is submitted only for the purpose of obtaining credit accommodation. Applicant authorizes Eastern Missouri Concrete LLC and Mark Twain Ready Mix access to our business and/or personal credit history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

**YOU MAY RETURN THIS APPLICATION BY:  
FAX TO 314-373-1008 or EMAIL TO credit@easternmoconcrete.com**



**FOR OFFICE USE ONLY**

Approved  Denied  Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Account# \_\_\_\_\_ Sales Rep: \_\_\_\_\_