



INDIANAPOLIS CONCRETE, INC.

Your Concrete Solution!

CREDIT APPLICATION & PERSONAL GUARANTEE

INSTRUCTIONS: Print out this form, Fill it out, and Fax it to 317-733-4245

Date: _____

Legal Name _____

Trade Name if Any _____

Address _____

Business Phone _____ Business Fax _____

Type of Business: Corporation _____ Partnership _____ Individual Business _____ Other _____

Federal Tax Id: _____ Tax Exempt?: Yes / No

PRINCIPALS OR OWNERS:

1) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

2) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

3) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

BANK REFERENCES

Name _____ Account Number _____

Address _____

Name _____ Account Number _____

Address _____

TRADE REFERENCES

1) Supplier Name: _____ Phone #: _____ Fax#: _____

2) Supplier Name: _____ Phone #: _____ Fax #: _____

3) Supplier Name: _____ Phone #: _____ Fax #: _____

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to 1 1/2% per month service charge. We further agree to pay 25% collection charge, in the event of default, if the account is place with an attorney or bonded collection agency.

Signed _____ Position _____ Date _____

Signed _____ Position _____ Date _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an all costs associated with collection charges and attorney fees on the entire unpaid balance.

Signed _____ Printed _____ Date _____

Signed _____ Witness _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.