



9925 CR 265 • Kenton, OH 43326
(419) 675-1808 • Fax (419) 674-4687 • 800-985-4515

CREDIT APPLICATION

DATE _____

NAME OF INDIVIDUAL OR FIRM _____

SOCIAL SECURITY# _____ FEDERAL I.D.# _____

CHECK ONE OF THE FOLLOWING:

CORPORATION INDIVIDUAL PARTNERSHIP LLC

IF INDIVIDUAL, DO YOU OWN / RENT YOUR HOME? (Please Circle)

LIST ADDRESS WHERE BILLS WILL BE SENT:

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

CONTACT PERSON _____

IF CORPORATION, PARTNERSHIP, OR LLC, LIST ALL MEMBERS.

NAME _____ TITLE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE _____ SOCIAL SECURITY# _____

NAME _____ TITLE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE _____ SOCIAL SECURITY# _____

NAME _____ TITLE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE _____ SOCIAL SECURITY# _____

LIST BANK ACCOUNTS: ACCOUNT TYPE AND NUMBER

BANK NAME	PHONE
CITY, STATE, AND ZIP	
CHECKING ACCT#	SAVINGS ACCT#

BANK NAME	PHONE
CITY, STATE, AND ZIP	
CHECKING ACCT#	SAVINGS ACCT#

CURRENT TRADE REFERENCES: (Give active open accounts only)

NAME	PHONE	FAX
ADDRESS		
CREDIT LINE	PRESENT BALANCE	
DOING BUSINESS WITH	YRS.	CONTACT PERSON

NAME	PHONE	FAX
ADDRESS		
CREDIT LINE	PRESENT BALANCE	
DOING BUSINESS WITH	YRS.	CONTACT PERSON

NAME	PHONE	FAX
ADDRESS		
CREDIT LINE	PRESENT BALANCE	
DOING BUSINESS WITH	YRS.	CONTACT PERSON

I/WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT.
I/WE FULLY UNDERSTAND THAT A CREDIT REPORT WILL BE REQUESTED IN CONNECTION WITH THIS APPLICATION.

TERMS ON ACCOUNT WILL BE NET DUE THE 10TH OF THE MONTH FOLLOWING DELIVERY. 18%APR ON ALL AMOUNTS OVERDUE.

I/WE FULLY UNDERSTAND THE COMPANY'S CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

IF THIS IS A CORPORATION OR PARTNERSHIP, ALL COMPANY OFFICERS OR PARTNERS AGREE TO BE PERSONALLY RESPONSIBLE FOR ANY DEBT OWED TO HENSEL READY MIX, INC., IN THE EVENT OF THE COMPANY OR PARTNERSHIP'S INABILITY TO MAKE PAYMENT.

SIGNED	TITLE	DATE
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SIGNED	TITLE	DATE
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