



Credit Application

Fax to 903.577.7184 or info@lmpconcrete.com

CUSTOMER INFORMATION

Company: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____

Email: _____

Type of business: _____ Years : _____

Driver License Number: _____

Corporation: Partnership: Individual:

Sales Tax Resale Number: _____

BANK INFORMATION

Bank: _____ Contact: _____

FOR COMPANY USE

Confidential

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Years: _____

TRADE REFERENCES

Company _____ Contact: _____

Open: _____ **Last Sale:** _____

Address: _____

Terms: _____ **Balance:** _____

City: _____ State: _____ Zip: _____

Due: _____ 30 60 90 120

Phone: _____ Fax: _____ Acct #: _____

Company _____ Contact: _____

Open: _____ **Last Sale:** _____

Address: _____

Terms: _____ **Balance:** _____

City: _____ State: _____ Zip: _____

Due: _____ 30 60 90 120

Phone: _____ Fax: _____ Acct #: _____

Company _____ Contact: _____

Open: _____ **Last Sale:** _____

Address: _____

Terms: _____ **Balance:** _____

City: _____ State: _____ Zip: _____

Due: _____ 30 60 90 120

Phone: _____ Fax: _____ Acct #: _____

DISCLAIMER AND SIGNATURE

THE INFORMATION ABOVE IS FURNISHED FOR CONSIDERATION IN ESTABLISHMENT OF A CHARGE ACCOUNT. IT IS UNDERTOOD THAT TERMS REQUIRE PAYMENT AT NET 15TH OF PURCHASE DATE AND PAST DUE ACCOUNT ARE SUBJECT TO A SERVICE CHARGE 1 1/2% INTEREST PER MONTH. BY SIGNING BELOW, YOU ALSO AUTHORIZE LMP CONCRETE TO RUN ANY CREDIT CHECKS NEXESSARY TO ESTABLISH THIS ACCOUNT.

Signature: _____ Print: _____ Date: _____