

KILLEEN READY MIX, LTD.
 P.O. BOX 10759
 KILLEEN, TX 76547



PHONE: (254) 634-4514
 FAX: (254) 634-4694

APPLICANT

_____		_____
Name of Firm or Individual		Year Business Established
_____		_____
Business Address		Telephone
_____		_____
City, State, Zip Code		Fax
_____		_____
Owner Name(s)		Telephone
_____		_____
Owner Address	City	State, Zip

FINANCE

Bank Name	Bank Location City, State

Telephone	

Submit 3 supplier references to include the following information:
Business Name and Location City, State

	<u>Phone</u>	<u>Fax</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We herein make application to KILLEEN READY MIX, LTD for credit. The information supplied in connection with this application is correct and we agree to submit all changes in writing. If credit is granted, applicant agrees to pay all bills according to terms. TERMS ARE NET 30 DAYS. A service charge of 1 ½% per month will be assessed on all past due invoices. In the event this account is referred for collection, all cost of collection fees will be paid by the applicant. If suit is instituted, all attorneys' fees in said suit or action will be paid by the applicant. In addition, our signature below authorizes release of credit information to Killeen Ready Mix, Inc.

_____	_____	_____
Signature	Title	Date

Please include a tax exemption certificate if applicable.