

CREDIT APPLICATION

GODDARD CONCRETE CO. INC.
3101 NE 10th St.
Oklahoma City, OK 73117
405-424-4383
405-424-4387 Fax
goddard.concrete@att.net

COMPANY NAME OR INDIVIDUAL _____ FEDERAL I.D.# _____

BILL TO ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

INSIDE CITY LIMITS ___ OUTSIDE CITY LIMITS ___ ARE PURCHASE ORDER NUMBERS REQUIRED _____

PHONE (____) _____ SECONDARY PHONE (____) _____ FAX (____) _____

EMAIL ADDRESS: _____

A/P CONTACT _____ TYPE OF BUSINESS _____

AT PRESENT LOCATION SINCE (DATE) _____ YEAR ESTABLISHED _____

REFERENCES: (GIVE ONLY NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT)

1.) NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

PHONE (____) _____ FAX PHONE(____) _____

2.) NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

PHONE (____) _____ FAX PHONE(____) _____

3.) NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

PHONE (____) _____ FAX PHONE(____) _____

BANK NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

BANK OFFICER _____

Our Credit Policies are as follows:

Our standard terms are due by the 10th of the following month of purchase. All accounts that remain unpaid beyond the 15th of the following month will be considered past due and subject to an interest charge. Any collection expenses will be governed by Oklahoma law. Debtor accepts credit with the understanding that all bills will be paid in accordance with our terms.

It is our privilege to serve you on an open account basis when approved. In return for the extension of credit, you hereby agree to abide by our policies as stated above.

Signed: _____ Date: _____

The undersigned, being stockholder(s) and/or officer(s) and/or owners, and/or authorized signer of the aforesaid business, individually, jointly and severally as individuals guarantee the payment of any and all future obligations of the said company which may be owing to Goddard Concrete Inc. A photocopy or facsimile of the account application and signature shall be valid as an original thereof.

Signed: _____ Date: _____

Social Security Number: _____