



PO Box 984
Asheboro, NC 27204

Application & Agreement
For An Open Account

Account Name: _____
(Legal Name or Owner's Name if Different)

Billing Address: _____
(If a PO Box, show Street Addresses or Physical Location in Parenthesis)

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

President/Owner (s) Name: _____ Treas./Controller: _____

Occupation or Service: _____ Ind ___ Corp ___ Partnership ___ LLC ___

Credit Limit Request: _____ email: _____ State & Date of Incorp. _____

1. Has the ownership or control of the business changed in the past 5 years? No ___ If Yes, please explain _____

2. Date Business Started: _____ How many years at current location: _____
3. Name & Relationship of affiliated companies: _____
4. Has applicant, any of its affiliated companies, owners, partner or officers ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? Yes ___ NO ___
5. Has a tax lien been filed against applicant, any of its affiliated companies, owner, partner or officers within the past five years? Yes ___ No ___
6. Has the business been conducted under any other names during the past ten years? No ___ Yes ___ Name _____

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, Piedmont Ready Mix is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full in accordance with the terms of sale as stated on the invoice. Should I/we not pay Piedmont Ready Mix according to terms, it is understood that credit privileges may be withdrawn. Should Piedmont Ready Mix find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 18% (or such other rate allowable by law).

Authorized Signature: _____ Title: _____ Date: _____

Bank: _____ Location: _____ Acct No. _____

Contact: _____ Phone: _____

