

CREDIT APPLICATION

DATE: _____

For Customers of:

- BLUFF CITY MATERIALS, INC.
- SOUTHWIND RAS, LLC
- RELIABLE ASPHALT CORPORATION
- NORTHWIND RAS, LLC
- RELIABLE MATERIALS LYONS, LLC

PLEASE FILL IN ALL BLANKS.

TRADE NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ FAX # _____

EMAIL: _____

LENGTH OF TIME IN BUSINESS: _____

TYPE OF BUSINESS: _____

IS THIS A: CORPORATION PARTNERSHIP SOLE OWNER

PREVIOUS AFFILIATION, IF ANY: _____

REFERRED BY: _____

ACCOUNTS PAYABLE CONTACT: _____

INVOICE DELIVERY METHOD PREFERRED: EMAIL MAIL

EMAIL TO RECEIVE INVOICES: _____

EMAIL TO RECEIVE TICKET COPIES DAILY: _____

Name of person applying for credit: _____

SIGNATURE: _____

OFFICER/OWNER'S SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

(PLEASE PROVIDE COPY OF OFFICER/OWNER'S DRIVERS LICENSE)

FOR OFFICE USE ONLY:

APPROVED BY: _____

CUSTOMER # _____

TRADE REFERENCES:

(Please provide fax number or email for trade references. If not provided application will be returned.)

1. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # or EMAIL _____

2. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # or EMAIL _____

3. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # or EMAIL _____

NAME & ADDRESS OF COMPANY OFFICERS / OWNERS:

1. NAME _____
ADDRESS _____
POSITION _____ TELEPHONE # _____
EMAIL ADDRESS _____

2. NAME _____
ADDRESS _____
POSITION _____ TELEPHONE # _____
EMAIL ADDRESS _____

3. NAME _____
ADDRESS _____
POSITION _____ TELEPHONE # _____
EMAIL ADDRESS _____