



CUSTOMER CREDIT APPLICATION

Pasco Ready Mix, LLC
PO Box 15072
Spring Hill, FL 34604
Phone: 727-605-2500
Fax: 727-361-6262

**** APPLICATION INFORMATION MUST BE FILLED OUT COMPLETELY AND SIGNATURE REQUIRED ON THIRD PAGE ****

Exact Legal Business Name: _____ **Today's Date:** _____

Doing Business As (DBA): _____ **Date Company Est'd:** _____

(P.O. Box / Street Address) (City) (State) (County)

Physical Address

(If different from above): _____

(P.O. Box / Street Address) (City) (State) (County)

(Area Code / Phone Number)

(Area Code / Fax Number)

DBA Information (If different from above): _____

Authorized Person(s) to Use Account: _____

Legal Entity Type: U.S. Only: Proprietorship ☐ Corporation ☐ S. Corporation ☐

Limited Liability Entity (Specify): _____

Canada Only: _____

Type of Business: General Contractor: ☐ Sub Contractor: ☐ Builder: ☐ Other: _____

Number of Employees: _____ Buyer's Name: _____

Date Established: _____ Estimated Annual Sales: _____

Principal(s) of Business:

Name	Title	Phone #	Fax #	Owner Since
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Name	Title	Phone #	Fax #	Owner Since
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Name	Title	Phone #	Fax #	Owner Since
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Accounts Payable Contact:

Name	Title	Phone #	Fax #	Email
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Financial References:

Bank Name	Account #	Phone #	Fax #	Contact
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Amount of Credit Requesting: _____**Has the firm or any of its principals ever filed bankruptcy?** Yes ☐ No ☐ (Please check one)**If yes, explain:** _____**Person to contact about your account:** _____
Name Phone #**Trade References** (Name of suppliers of major products and/or services):

_____	_____	_____
Name	Address	Phone / Fax Numbers
_____	_____	_____
Name	Address	Phone / Fax Numbers
_____	_____	_____
Name	Address	Phone / Fax Numbers
_____	_____	_____
Name	Address	Phone / Fax Numbers

Federal Tax ID #: _____**Tax Status:** Taxable ☐ Exempt ☐**If exempt, please complete or attach an exemption certificate that is valid in your state. Companies doing business in Florida and New Mexico must attach a copy of their current certificate issued by the State.****Estimate Purchases** (monthly or annually): _____ month / year (Please circle one)**Are Purchase Order Numbers Required?** Yes ☐ No ☐ (Please check one)

TERMS AND CONDITIONS

I certify that the above information and any related materials that I provide to Pasco Ready Mix, LLC are true and correct. I am furnishing such information to PRM for the purpose of inducing PRM to extend credit to the above-named applicant. By signing this form, I confirm Applicant's agreement that all sales are made pursuant and subject to PRM's standard terms and conditions of sale which are included as part of this application form. Applicant also agrees (1) to pay all charges when due or e subject to a late payment charge, (2) that any balance owed is due in full on the date stated on the invoices or upon any default or violation of terms and (3) to pay all collection costs including reasonable attorney's fees. I authorize Pasco Ready Mix, LLC to contact our financial and trade references (including those listed above) and any credit reporting agencies, to obtain, verify, and reverify credit information.

Principal / Owner: _____
Authorized Signature Title Date

Principal / Owner: _____
Authorized Signature Title Date

PERSONAL GUARANTEE

In consideration of Pasco Ready Mix, LLC extending credit to _____ applicant, the undersigned personally (and if more than one, jointly and severally), unconditionally and irrevocably, guarantees to PRM, the full and prompt payment when due, whether by agreement, acceleration, default, demand or otherwise, of all indebtedness of Applicant to Pasco Ready Mix, LLC, including but not limited to Applicant's obligations in conjunction with invoices, bills of lading or goods sold on credit. This is a continuing and unlimited guarantee and payment and PRM is not required to proceed against Applicant or to enforce any other remedy before proceeding against the undersigned. The obligation of the undersigned shall be unaffected by any change in the terms, release or compromise of the indebtedness of the Applicant or undersigned to PRM. It is understood that this guarantee shall benefit PRM's successors and that it shall bind the undersigned's executors, beneficiaries, representatives or successors. The undersigned waives all notices and demands of any kind. All debts or obligations of the Applicant which are owed or may be owed to the undersigned in the future are subordinate to this guarantee and to the obligations and the indebtedness of the Applicant to Pasco Ready Mix, LLC. The undersigned authorizes PRM to secure a credit report and agrees to the release of personal credit information to PRM whether now or in the future, and a photocopy or facsimile signature shall be effective as an original for these purposes.

Printed Name

Guarantor Signature

SSN

Date

Printed Name

Guarantor Signature

SSN

Date

**OFFICE USE ONLY

Date Received

Date Approved

Approved By



Pasco Ready Mix, LLC

To: _____

Date: _____

DEAR ACCOUNTING PERSONEL:

WE ARE AUTHORIZING THE RELEASE OF INFORMATION ABOUT OUR ACCOUNTS OUTSTANDING, CREDIT LINE, AND PAYMENT HISTORY, TO PASCO READY MIX, LLC TO BE USED EXPLICITLY FOR THE ESTABLISHMENT OF AN OPEN ACCOUNT AND CREDIT LINE. THIS INFORMATION IS TO BE KEPT IN THE STRICTEST OF CONFIDENCE.

SIGNED _____
PRINT NAME _____
TITLE _____
COMPANY _____

SIR OR MADAME:

THE ABOVE CUSTOMER IS APPLYING FOR A CREDIT LINE WITH US AND HAS GIVEN YOUR COMPANY AS A REFERENCE. KINDLY PROVIDE US WITH THE FOLLOWING INFORMATION AND SEND THIS FORM BACK TO US AT FAX NO. (727-361-6262) ATTENTION SARAH OR EMAIL SARAH@PASCOREADYMIX.COM. YOU MAY ALSO EMAIL BACK TO US AT SALES@PASCOREADYMIX.COM.

FOR ANY QUESTIONS, PLEASE CALL US AT TEL. NO. (727) 605-2500.

DATE ACCT. OPENED:	_____	AVE. BALANACE MAINTAINED:	_____
LINE OF CREDIT (IF ANY):	_____	SECURED:	_____
CREDIT LIMIT:	_____	AMOUNT NOW OWING:	_____
PAYMENT HABITS:	_____	NSF CHECKS:	_____

OVERALL CREDIT RATING: _____

COMMENTS: _____

WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.
YOUR IMMEDIATE REPLY WILL BE VERY MUCH APPRECIATED.

SINCERELY,
ACCOUNTING DEPARTMENT



Pasco Ready Mix, LLC

To:

Date: _____

DEAR BANK OFFICER:

WE ARE AUTHORIZING THE BANK TO RELEASE INFORMATION ABOUT OUR ACCOUNTS OUTSTANDING, CREDIT LINE, AND PAYMENT HISTORY, TO PASCO READY MIX, LLC TO BE USED EXPLICITLY FOR THE ESTABLISHMENT OF AN OPEN ACCOUNT AND CREDIT LINE. THIS INFORMATION IS TO BE KEPT IN THE STRICTEST OF CONFIDENCE.

SIGNED _____
PRINT NAME _____
TITLE _____
COMPANY _____
CHECKING ACCT. NO. _____
SAVINGS ACCT. NO. _____

SIR OR MADAME:

THE ABOVE CUSTOMER IS APPLYING FOR A CREDIT LINE WITH US AND HAS GIVEN YOUR BANK AS A REFERENCE. KINDLY PROVIDE US WITH THE FOLLOWING INFORMATION AND SEND THIS FORM BACK TO US AT FAX NO. (727-361-6262) ATTENTION SARAH OR EMAIL SARAH@PASCOREADYMIX.COM. YOU MAY ALSO EMAIL BACK TO US AT SALES@PASCOREADYMIX.COM.

FOR ANY QUESTIONS, PLEASE CALL US AT TEL. NO. (727) 605-2500.

DATE ACCT. OPENED: _____	AVE. BALANCE MAINTAINED: _____
LINE OF CREDIT (IF ANY): _____	SECURED: _____
CREDIT LIMIT: _____	AMOUNT NOW OWING: _____
PAYMENT HABITS: _____	NSF CHECKS: _____

OVERALL CREDIT RATING: _____

COMMENTS: _____

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YOUR IMMEDIATE REPLY WILL BE VERY MUCH APPRECIATED.

SINCERELY,
ACCOUNTING DEPARTMENT