



Premier Building Solutions Credit Application

This application is made for the extension of credit by the above company and any other affiliate or subsidiary of QUIKRETE Holdings, Inc.
Date _____

Company Name _____ Federal I.D. No. _____

Billing Address _____ County _____

Phone Number (____) _____ Fax Number (____) _____

Manager _____ Assistant Manager _____

Store Hours _____ Days Closed _____ Type of Business _____

Sales Tax Exemption# _____ *(Please attach signed Certificate of Exemption, if applicable)*

Buying Group Name and Credit Number _____

Contact E-Mail _____ E-Mail Invoices ____Y____N Invoice E-Mail _____

PRINCIPAL OWNERS, STOCKHOLDERS, AND/OR DIRECTORS

Name _____ Name _____

Social Security Number _____ Social Security Number _____

Home Address _____ Home Address _____

City/State/Zip _____ City/State/Zip _____

Phone (____) _____ Phone (____) _____

TRADE REFERENCES

1. Bank _____ Address _____

Contact _____ Phone# _____ Fax# _____ E-Mail _____

2. Vendor _____ Address _____

Contact _____ Phone# _____ Fax# _____ E-Mail _____

3. Vendor _____ Address _____

Contact _____ Phone# _____ Fax# _____ E-Mail _____

4. Vendor _____ Address _____

Contact _____ Phone# _____ Fax# _____ E-Mail _____

The undersigned agrees that if this application is accepted, all purchases made shall be due and payable within 30 days of invoice date. The applicant and the undersigned principal owner, stockholders, and directors agree to be personally liable, jointly and severally, for the prompt payment of the amount, and in the event expenses are incurred in the collection of the account because of failure to pay when due, the undersigned agrees to pay such expenses including reasonable attorney's fee. Invoices over 30 days outstanding are subject to finance charges.

Company Name _____ Signature _____
(Individual must be listed above)

FOR OFFICE USE ONLY

Salesman-Consumer _____ Salesman # _____

Salesman-Construction _____ Salesman # _____

Salesman-Bulk _____ Salesman # _____

Ship To# _____ Bill To# _____

Estimated Annual Sales _____ Credit Limit _____

Terms _____ Price Zone _____ Ship Zone _____

Sales Tax _____ Round Trip Miles _____ Zone Name _____

Sales Manager's Signature _____ Location _____ Date _____

ACCOUNTING USE

Credit approved by _____ Date _____