



## APPLICATION FOR CREDIT & SALES AGREEMENT

1001 Eastwood Avenue, Akron, OH 44305

A/R Phone (330) 794-9448/Fax (330) 794-2858

Dispatch (330) 608 6152

Please return application to [accounting@libertyredimix.com](mailto:accounting@libertyredimix.com)

Please complete the credit application in its entirety. We look forward to your business.

### GENERAL INFORMATION

FULL LEGAL NAME OF BUSINESS: \_\_\_\_\_

TRADESTYLE OR DOING BUSINESS AS (DBA) NAME(S): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS: ☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ LTD PARTNERSHIP ☐ LLC ☐ CORPORATION

FEDERAL ID#: \_\_\_\_\_ STATE ID # \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

YEAR BUSINESS ESTABLISHED: \_\_\_\_\_ AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

TAX EXEMPT? ☐ YES ☐ NO **If yes, must include tax exempt certificate. Tax exemptions not received within 10 days of invoice will not be honored**

IS A PURCHASE ORDER # REQUIRED WHEN PLACING AN ORDER? ☐ YES ☐ NO

CONTACT NAME FOR ACCOUNTS PAYABLE: \_\_\_\_\_ Phone: \_\_\_\_\_

**We would like to e mail invoices to avoid Post Office delay please provide e mail**

### PRINCIPALS OF COMPANY

NAME and TITLE: \_\_\_\_\_ Email \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME and TITLE: \_\_\_\_\_ Email \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME and TITLE: \_\_\_\_\_ Email \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### BACKGROUND INFORMATION

	YES	NO
Are you doing business under any other names, or have you ever in the past operated a business under any names not shown on this credit application? If yes, please list: _____	_____	_____

Have your personally, or any company in which you have been a principal, filed bankruptcy?	_____	_____
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Have any of the firm's principals ever been involved in any business legal action?	_____	_____
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Is your company, or any of its principals, currently a co-signer or guarantor on any other firm's or individual's debts or obligations?	_____	_____
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### BANKING REFERENCE

NAME OF BANK: \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

## TRADE REFERENCES

**Please include ALL information requested- A FAX number MUST be included or the application will be returned. - Thank you**

COMPANY:	PHONE:
ADDRESS:	E-MAIL:
CONTACT NAME	<b>FAX</b>
COMPANY:	PHONE:
ADDRESS:	E-MAIL:
CONTACT NAME	<b>FAX</b>
COMPANY:	PHONE:
ADDRESS:	E-MAIL:
CONTACT NAME	<b>FAX</b>
COMPANY:	PHONE:
ADDRESS:	E-MAIL:
CONTACT NAME	<b>FAX</b>

## TERMS & CONDITIONS OF SALE

- The undersigned applicant, in consideration for Liberty Redi-Mix extending credit to it on an open account for the sale and delivery of merchandise and/or service, hereby agrees for itself, its successors and assigns to the following terms of payment: Payment shall be due 30 days from date of invoice; unless other terms are agreed upon in writing. INTEREST SHALL BE PAYABLE at the rate of one and a half (1.5%) per month (18% annually) on all amounts due which are not paid within the due date on invoice; and in the event of default in payment, applicant shall be liable for attorney's fees in the amount of twenty-five (25%) of all amounts due, plus court costs and all other costs of litigation, including but not limited to costs of service of process, depositions, and duplicating.
- By submitting this application, you authorize inquiries into the banking and business/trade references that you have supplied.
- Purchaser acknowledges that he has read and AGREES TO ALL OF THE ABOVE TERMS AND CONDITIONS OF SALE.

Printed Name/Title

Signature

Date

## GUARANTY OF PAYMENT

The undersigned, in consideration of the sales on credit to the above customer, all jointly, each severally, and each jointly with each other, do unconditionally and irrevocably personally guarantee the payment of this account when due according to its terms. Revocation of the guaranty of payment can be made only in writing

sent certified mail, return receipt requested to Liberty Redi-Mix. Revocation of this guaranty of payment will be effective only when received by seller and only as to materials sold after the date of the receipt of the Notice of Revocation. Guarantors waive any right to notice of nonpayment, demand or presentment, waive notice of acceptance of the guaranty and consent to all changes of terms, extensions of credit, releases of security and any extensions or forbearance by seller shall have no effect on the enforceability of this guaranty. We also grant to Liberty Redi-Mix the right to check any factors pertinent to a fair evaluation of establishing credit.

By my signature below I authorize Liberty Redi-Mix to obtain a Consumer Credit Report and/or Background Report on me now and anytime in the future.

This Guarantee is being executed in our individual capacities and not in any official capacity with the above firm.

Printed Name/Title

Signature

Date

Printed Name/Title

Signature

Date

## CREDIT & INFORMATION RELEASE AUTHORIZATION

In order to comply with a number of banking institutions and private industries, the following statement needs to be signed and returned with your credit application. This authorization will allow your credit application to be processed in a timely manner.

Upon request by Liberty Redi-Mix, I hereby authorize you to supply information to them regarding any transaction with you, including information regarding credit extended and other activity, without liability on your part.

Sincerely,

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Business Name

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Printed Name

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Signature & Title

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Date