



9925 CR 265 Kenton, OH 43326

(419) 675-1808 Fax (419) 674-4687 800-985-4515

# CREDIT APPLICATION

DATE \_\_\_\_\_

NAME OF INDIVIDUAL OR FIRM \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ FEDERAL I.D. # \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**

CORPORATION \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_

IF INDIVIDUAL: DO YOU OWN \_\_\_\_\_ OR RENT \_\_\_\_\_ YOUR HOME?

### LIST ADDRESS WHERE BILLS WILL BE SENT:

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

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

WEB PAGE \_\_\_\_\_ EMAIL \_\_\_\_\_

### IF CORPORATION, PARTNERSHIP, OR LLC, LIST ALL MEMBERS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ MOBLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ MOBLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ MOBLE \_\_\_\_\_



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**LIST BANK ACCOUNTS: ACCOUNT TYPE AND NUMBER**

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CHECKING ACCT # \_\_\_\_\_ SAVING ACCT # \_\_\_\_\_

**CURRENT TRADE REFERENCES: (Give active open accounts only)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CREDIT LINE \_\_\_\_\_ PRESENT BALANCE \_\_\_\_\_  
DOING BUSINESS WITH \_\_\_\_ YRS CONTACT PERSON \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CREDIT LINE \_\_\_\_\_ PRESENT BALANCE \_\_\_\_\_  
DOING BUSINESS WITH \_\_\_\_ YRS CONTACT PERSON \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CREDIT LINE \_\_\_\_\_ PRESENT BALANCE \_\_\_\_\_  
DOING BUSINESS WITH \_\_\_\_ YRS CONTACT PERSON \_\_\_\_\_

I/WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT.

I/WE FULLY UNDERSTAND THAT A CREDIT REPORT WILL BE REQUESTED IN CONNECTION WITH THIS APPLICATION.

TERMS ON ACCOUNT WILL BE NET DUE THE 10TH OF THE MONTH FOLLOWING DELIVERY. 18%APR ON ALL AMOUNTS OVERDUE.

I/WE FULLY UNDERSTAND THE COMPANY'S CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

IF THIS IS A CORPORATION OR PARTNERSHIP, ALL COMPANY OFFICERS OR PARTNERS AGREE TO BE PERSONALLY RESPONSIBLE FOR ANY DEBT OWED TO HENSEL READY MIX, INC., IN THE EVENT OF THE COMPANY OR PARTNERSHIP'S INABILITY TO MAKE PAYMENT.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**SAVE FILE THEN CLICK  
SUBMIT BUTTON**