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McCody
 14021 Hwy 2 West
 Phone: 701-572-5300
 Fax: 701-774-9883

READY MIX PLANT
 13811 W. FRONT STREET
 Phone: 701-572-7617
 Fax: 701-572-7619

CONFIDENTIAL CREDIT APPLICATION

NAME OF BUSINESS/INDIVIDUAL*			DATE*		
ADDRESS*			PHONE*		
CITY*		STATE*	ZIP CODE*		EIN TIN OR SSN (required)*
NATURE OF BUSINESS			DATE ESTABLISHED		RESALE TAX PERMIT OR TAX EXEMPT # (required)
TYPE OF BUSINESS		NAMES OF OWNERS OR OFFICERS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNERSHIP		PRESIDENT			
		VICE PRESIDENT			
		SECRETARY			
		TREASURER			
WE ESTIMATE OUR MONTHLY CREDIT REQUIREMENTS FROM YOUR FIRM TO BE					\$
BANK NAME			PHONE		
ADDRESS		ZIP CODE	PERSON TO CONTACT		
TYPE OF BANK ACCOUNT	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING	<input type="checkbox"/> LOAN	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED	
BUSINESS REFERENCES					
NAME		ACCT. #	PHONE		
ADDRESS		ZIP CODE	PERSON TO CONTACT		
NAME		ACCT. #	PHONE		
ADDRESS		ZIP CODE	PERSON TO CONTACT		
NAME		ACCT. #	PHONE		
ADDRESS		ZIP CODE	PERSON TO CONTACT		
NAME		ACCT. #	PHONE		
ADDRESS		ZIP CODE	PERSON TO CONTACT		
PERSONNEL AUTHORIZED TO PLACE ORDERS:					
1		4			
2		5			
3		6			
CONDITIONS OF SALE AND TERMS OF PAYMENT					
IN CONSIDERATION FOR ANY EXTENSION OF CREDIT, PURCHASER AGREES TO THE TERMS HEREOF AND TO THE CONDITIONS OF SALE SET FORTH ON EACH INVOICE. PURCHASER ALSO AGREES TO PAY A SERVICE CHARGE OF ONE AND ONE-HALF (1-1/2) PERCENT PER MONTH (OR THE MAXIMUM ALLOWABLE CONTRACT RATE UNDER STATE STATUTES) COMPUTED ON THE UNPAID DELINQUENT BALANCE UNTIL THE ACCOUNT IS PAID IN FULL. THE PURCHASER ALSO AGREES TO PAY REASONABLE ATTORNEY FEES AND OTHER COSTS INCURRED FOR COLLECTION.					
AUTHORIZED SIGNATURE				TITLE	
SELLING DIVISION					