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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)
<b>TYPE OF BUSINESS</b>		<b>NAMES OF OWNERS OR OFFICERS</b>			
<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	
<b>BUSINESS REFERENCES</b>					
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		
<b>PERSONNEL AUTHORIZED TO PLACE ORDERS:</b>					
1		4			
2		5			
3		6			
<b>CONDITIONS OF SALE AND TERMS OF PAYMENT</b>					
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					