

RAPPAHANNOCK CONCRETE CORPORATION
P.O. BOX 520, GLOUCESTER, VA 23061
804-693-3606 FAX 804-694-0264

NEWPORT NEWS PLANT (757) 882-8380 NEW KENT PLANT (804) 843-2161 SALUDA PLANT (804) 758-5000 WHITE STONE PLANT (804) 436-0007 GLOUCESTER PLANT (804) 693-3606

CREDIT APPLICATION

NAME: _____
INDIVIDUAL ___ CORPORATION ___ PARTNERSHIP ___ LIMITED PARTNERSHIP ___ PROPRIETORSHIP ___

SOCIAL SECURITY OR FEDERAL ID NUMBER: _____
TAX EXEMPTION CERTIFICATE MUST ACCOMPANY APPLICATION IF TAX EXEMPT

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBERS: OFFICE _____ CELL _____
FAX _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS _____

WHAT COUNTY IS YOUR JOB LOCATED IN? _____

SUBDIVISION/JOB NAME _____ LOT NUMBER _____

LIEN AGENT INFORMATION: NAME _____
ADDRESS _____
PHONE NUMBER _____

CONSTRUCTION LOAN: INSTITUTION NAME _____
ADDRESS _____
PHONE NUMBER _____

BUSINESS APPLICANTS OR INDIVIDUALS WITH NO CONSTRUCTION LOAN PLEASE PROVIDE REFERENCES FROM YOUR CURRENT PROVIDER OF:

CONCRETE: NAME: _____
ADDRESS: _____
FAX: (____) _____ PHONE: (____) _____
BRICK: NAME: _____
ADDRESS: _____
FAX: (____) _____ PHONE: (____) _____
BLOCK: NAME: _____
ADDRESS: _____
FAX: (____) _____ PHONE: (____) _____

IF THESE REFERENCES DO NOT APPLY, PLEASE PROVIDE OTHERS. CREDIT CARDS/BANK ACCOUNTS ARE NOT ACCEPTABLE REFERENCES. CREDIT LIMITS WILL BE DETERMINED BY THE REFERENCES PROVIDED.

1. NAME: _____
ADDRESS: _____
FAX: (____) _____ NUMBER: (____) _____
2. NAME: _____
ADDRESS: _____
FAX: (____) _____ PHONE: (____) _____
3. NAME: _____
ADDRESS: _____
FAX: (____) _____ NUMBER: (____) _____

By signing this application, I authorize any references listed above to release information regarding my credit history to Rappahannock Concrete Corp. for their consideration of my application for credit. In consideration of credit extended, we understand all terms are Net 30 days. Any past due balance will be subject to a finance charge of 1.5% per month. Should it become necessary to place this account with an attorney for collection, we agree to pay all costs including attorney's fees. We are jointly and severally responsible for all goods in this name. We agree to notify you immediately in writing of any change in ownership or partnership.

ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.
APPLICANT AGREES THAT PURCHASES AND OR DELIVERIES MAY BE AUTHORIZED OR ACCEPTED BY APPLICANT WITHOUT SIGNATURE.

SIGNATURE/TITLE: _____ DATE: _____
PRINTED NAME: _____

APPROVED BY: _____ DATE: _____