

READY MIX CONCRETE - AGGREGATE - BUILDERS SUPPLIES



Summit Concrete Supply
 114 Anaconda Rd.
 Akron, Ohio 44310
 Office: (330) 356-5825

Email: info@SumitConcreteSupply.com
 Website: www.SumitConcreteSupply.com

Trade Name		Phone
Street/PO Box		Fax
City		Cell
Zip Code	State	e-mail
Corporation ()	Officers Name	Title
Partnership ()	Address	Phone
Proprietorship ()	Officers Name	Title
	Address	Phone
Date Business Started	General Contractor	Subcontractor

BANK REFERENCES

NAME	PHONE
ADDRESS	CONTACT
CITY/STATE/ZIP	ACCT. TYPE & NO.

PRINCIPAL SUPPLIERS (Must Have No Less Than Three Trade References – NO COD'S)

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE
FAX	FAX
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE
FAX	FAX

I/we submit to the above Corporation, Credit Department consideration of the above information to establish a 'CREDIT ACCOUNT". If approved, I/We agree to make payment to the designated company within 15 days of the invoice date as indicated on all invoices. I/We understand that a delinquent account will cause credit to be suspended and a finance charge on the delinquency of 1 1/2 % per month (18% annual), as permitted by law, will be assessed and indicated on a monthly customer statement. It is COMPANY POLICY to file Mechanic' Liens on delinquent accounts.

Purchases and/or deliveries are hereby authorized to be made without signature. If any legal action is required to collect amounts owing for the purchase hereunder or to recover the material purchased hereunder, the prevailing party shall be entitled to recover, in addition to all other damages, a reasonable attorney fee.

Date	Signed	Title
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PERSONAL GUARANTOR FOR CORPORATION OR PARTNERSHIP

In recognition that the contractor is a small corporation and/or partnership, in order to induce the supplier to extend credit to the corporation and/or partnership the individual signing below agrees to personally guarantee payment and any amount due to the supplier as a result of credit extended to the corporation and/or partnership.

Date	Signed	Title
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TWO (2) SIGNATURES ARE REQUIRED FOR CONSIDERATION
 UPON COMPLETION, PLEASE RETURN VIA FAX OR U.S. MAIL