PLEASE SIGN AND COMPLETE THIS APPLICATION IN ITS ENTIRETY

I, the undersigned wish to apply for credit with Ohio Ready Mix / Duff Quarry.





Name of Applicant/Business		Joint App	olicant/Owner/Officer		
Mailing Address		City	State	Zip	
Physical Address (If the above address is a	PO Box, we require a street address)	City	State	Zip	
Phone	Fax Number		Email		
SSN#	EIN#	Drivers L	License #	Date of Birth	
Nature of Business	Year Established	Year Established		Principal Officer	
Credit Line Requested Accounts Payable Contact		t Name	Name Phone		
BANK OR SAVINGS & LOAN REF	ERENCES:				
Name of Institution	Address	Address		E-mail	
Contact Name	 Phone	 Fax	 Acct. #		
The Federal Equal Credit Opportunity Act prohibit: all or part of the applicant's income derives from a federal agency that administers compliance with t reasons for adverse action on your credit applicati	ny public assistance program; or because th his law concerning this creditor is the Federa	e applicant has in good al Trade Commission Ec	l faith exercised any right ur qual Credit Opportunity Act,	nder the Consumer Credit Protection Ac	
TRADE REFERENCES: PLEASE LIS	ST THREE (3)				
Name	Name	Name		Name	
Address	Address	Address		Address	
City/State/Zip	City/State/Zip	City/State/Zip		City/State/Zip	
Phone	Phone	Phone		Phone	
Fax	Fax		Fax		
Are you tax exempt:	No (Please include an exemption	form for our files)			
Preferred email address for invoices/staten	nents:				
Terms: Net 30 from Invoice Date – Any balance r	emaining (including prior service charges)	after 30 days of date of	of invoice will be charged a	service charge of 2% per month or 24	
I/We acknowledge that I furnished the information which I/We have read and understand. I/We hereb my/our credit and financial responsibilities. I/We u	y authorize any of the companies above to i	nvestigate the referenc	es herein listed and stateme	ents or other information obtained perta	
CONTINUING GUARANTEE					
In consideration that we sell, deliver, and/or cause does hereby unconditionally and personally guara account/debtor and any financial charge agreed to be a continuing guarantee for all sales heretofore at to Box 305, Huntsville, Ohio 43324. I accept liability	ntee payment of the same for all such mate be paid to such company, its successors or and hereafter,whether to me or others acting	rials from time to time s assigns, and shall bind g on behalf of the acco	so sold, delivered or caused heirs, executors, administra unt debtor until this persona	to be delivered by our company to the tors, and assigns of the undersigned. Th al guarantee is withdrawn in writing anc	
X	X				
Authorized Applicant Signature	Joint Applicant Signat	ure	Date		
X Guarantor Signature					
I-HAYANTOY SIGNATUYO	Date				

CUSTOMER NAME

All customers are required to have on file a Credit Application, State Sales Tax Exemption Certificate (if applicable) and this Credit Policy. New customers, upon approval of credit application, receive terms of Net 30 Days. This means that all invoiced amounts are due 30 days from INVOICE date.

If accounts are not paid within terms, the following procedures will be followed:

- 1. A Service Charge of 2% per month (Annual Percentage Rate of 24%) will be assessed on any accounts not paid within Terms.
- 2. Any accounts (invoices and/or service charges) reaching 45 days past Terms, will be placed on CREDIT HOLD. A Credit Hold will freeze all shipments and orders in progress until the overdue invoices (and service charges) are paid.
- 3. Any accounts reaching 60 days past Terms, will remain on Credit Hold and will lose their Net 30 status. Once these accounts have been paid, shipments will resume, but will be strictly COD for six (6) months from the time the account was fully paid. After six (6) months, the customer may again apply for Net 30 status.
- 4. Any accounts reaching 90 days past Terms, will be turned over to our collection agency for immediate collection. The cost of collection, legal fees, and court costs will be added to the past due account.
- 5. Returned Check Policy for any returned check there will be a \$30.00 returned check fee charge and the account will be placed on a C.O.D. status.

If you have any questions about the above policy or wish to check the status of your account, please contact the Credit Department at the number indicated below.

Please complete the lower portion of this policy form, including signature and date, acknowledging acceptance of these terms and return by mail/fax as indicated below.

Signature	Title
Print Name	Date





PLEASE FAX OR MAIL TO OUR OFFICE AT:

P.O. Box 305 Huntsville, OH 43324 937.686.3112 937.686.5125 (fax)

CLICK HERE TO EMAIL COMPLETED FORM

Account #
Date