

**325 West County Road T Fremont, NE 68025**

Phone: 402-719-9239

Email: nic@crmenn.com

**REQUEST FOR CREDIT**

Form is to be submitted on all new accounts and accounts inactive for one year or more. You have our assurance that all information will be treated in the strictest confidence, and that your trust will not be violated.

Name of Business:

Applicant’s Name: Email: Phone: Fax:
Billing Address: City: State: Zip:

Ship to Address: City: State: Zip:

Federal ID (required) \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Social Security # (required) \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_ Estimated Monthly Credit Request:

Business Accounts Only: is a purchase order number required for purchases: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Type of Business: Date established: Name of Principal: Title: SS# Name of Principal: Title: SS# Name of Principal: Title: SS# Accounts Payable Contact: Phone: AP Email:

(all invoices will be emailed to the above address)

*I (we):*   *grant permission to CR-Menn Concrete Supply to check with any trade supplier, bank or credit reporting agency for information regarding our credit rating. I will provide complete reference information on the following page.*

Signature: Date:

Printed Name:

Title:

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**ALL INFORMATION ON THIS PAGE MUST BE COMPLETED**

Banking Information

Name of Bank: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRADE SUPPLIER REFERENCE:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Contact: |  | Phone:  |
| Address: | City: |  | State: \_\_\_\_\_\_\_\_\_\_ Zip:  |
| Email: |  |  |  |
| Name: | Contact: |  | Phone:  |
| Address: | City: |  | State: \_\_\_\_\_\_\_\_\_\_ Zip:  |
| Email: |  |  |  |
| Name: | Contact: |  | Phone:  |
| Address: | City: |  | State: \_\_\_\_\_\_\_\_\_\_ Zip:  |
| Email: |  |  |  |

We understand that CR-Menn Concrete Supply credit terms are as follows:

1. Our regular terms are NET 10th; which means all purchases made are due and payable by the 10th of the following month.
2. We agree to pay a SERVICE CHARGE on any and all past due account, currently 2% per month.
3. When an account goes C.O.D. basis, that account will remain on C.O.D. at the discretion of CR-Menn Concrete Supply management.
4. Should CR-Menn Concrete Supply credit department deem it necessary to seek assistance in collecting a past due account, the collection charges and all associated fees will be added to the account balance.

Prepared by: Title: Printed by: Date:

---OFFICE USE ONLY---

C-R Menn Concrete Supply Rep Name:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by:

Account: Credit Limit: Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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**Personal Guarantee**

I/We for and in consideration of your extending credit at my/our request to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guarantor(s) Company Name) hereby

personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind

myself/ourselves to pay you on demand any sum which may become due to you by the company shall fail to pay the same. It is understood that this guarantee shale be continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the terms set forth on the previous page.

Guarantor: SS#:

Print name

Signature: Date:

Home Address: City: State: Zip:

Phone:

Guarantor: SS#:

Print name

Signature: Date:

Home Address: City: State: Zip:

Phone:

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