

**Twin Cities Ready Mix, Inc.**  
**Credit Application**  
**Ph. (918) 438-8888 Fax (918) 438-8853**

Date \_\_\_\_\_ Maximum Credit Applied For \_\_\_\_\_ TCRM Plant Location \_\_\_\_\_

Legal business name \_\_\_\_\_ TIN / SSN \_\_\_\_\_

Street Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Type of Business    Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Year Established \_\_\_\_\_

Nature of Business \_\_\_\_\_

Names of Officers or Owners	Title	Date of Birth	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Affiliation \_\_\_\_\_ Bank Officer \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax no. \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Are Purchase Orders Required ? Yes / No    Are Purchases Taxable ? Yes / No    (If No attach resale permit)

Names of Authorized Buyers on this account: \_\_\_\_\_

Trade References: (Business name, address, phone, fax)

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed bankruptcy within the past 7 years? Yes / No    If yes, what year? \_\_\_\_\_

Primary Contact name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

I, the undersigned, guarantee payment of this account; acknowledge that purchases made on this account are due the first (1<sup>st</sup>) day of month following purchase and past due after the tenth (10<sup>th</sup>) of month following purchase; finance fees will be charged after due date at rate of 1.5% per month or 18% per annum in OK; .833% per month or 10% per annum in AR. (Delinquent accounts will be subject to legal action) I, the undersigned, also give my permission for Twin Cities to obtain the credit reports necessary to establish credit worthiness.

Signed By \_\_\_\_\_

**For Credit Use Only**

Length of Time Sold	1. _____	2. _____	3. _____
High Credit	_____	_____	_____
Terms	_____	_____	_____
Payment History	_____	_____	_____

Authorized Credit Limit \_\_\_\_\_ Authorized By \_\_\_\_\_ Date \_\_\_\_\_

# TWIN CITIES READY MIX, INC.

McAlester  
Muskogee  
Tahlequah  
Stigler

1818 N. 127<sup>TH</sup> E. AVE  
TULSA, OK 74116  
PHONE: 918- 438-8888  
FAX: 918- 438-8853

Tulsa  
Poteau  
Wilburton  
Sapulpa

## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

TO WHOM IT MAY CONCERN:

This is to authorize the release of credit information regarding our financial standing with your company, to Twin Cities Ready Mix, Inc., for the purpose of establishing a line of credit with their organization.

Company name \_\_\_\_\_

By \_\_\_\_\_  
Print name (person named must be officer of corporation or owner of company)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

