



Physical Address: 9101 Roseway Dr.
P.O. Box 17961
El Paso, TX 79917-1961
Phone: 915-859-9362
Fax: 915-858-4215

"Quality Products and Service Since 1946"

CREDIT APPLICATION

Date: _____

Company Name: _____

Street Address: _____ City, State, Zip: _____

Billing Address : _____ City, State, Zip: _____

Telephone: _____ Fax #: _____

Type of Business: _____

Check one: [] Proprietorship [] Corporation [] Partnership

In Business Since: _____

PLEASE COMPLETE THIS SECTION IF BUSINESS IS INCORPORATED

Date of Incorporation _____ State of Incorporation _____

Please List Officers and Principals (List Partners or Owners if Not Incorporated)

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

4. _____ Title _____

Tax Exempt Status: [] Taxable [] Exempt

(If tax exempt: Federal Tax I.D. Number: _____ Please attach a Certificate)

Is a Purchase Order required? Yes _____ No _____

New accounts will require a valid credit card number on file in order to open account.
Credit card will be charged for invoices on account 60 days or older.

Credit card type: Visa/ Mastercard _____ Credit card number: _____
Discover _____ Expiration date: _____
American Express _____

Please list person for contact regarding payment of account:

Name/Title

Printed Name

BANK REFERENCES

Bank Name	Location	Phone Number	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____

BUSINESS CREDIT REFERENCES

- Name: _____ Phone: _____
 Address: _____ FAX: _____
 City: _____ State: _____ Zip Code: _____ Contact: _____
- Name: _____ Phone: _____
 Address: _____ FAX: _____
 City: _____ State: _____ Zip Code: _____ Contact: _____
- Name: _____ Phone: _____
 Address: _____ FAX: _____
 City: _____ State: _____ Zip Code: _____ Contact: _____
- Name: _____ Phone: _____
 Address: _____ FAX: _____
 City: _____ State: _____ Zip Code: _____ Contact: _____

PERSONAL GUARANTOR

This section must be signed by a principal in your organization. The person signing this section is making a personal guarantee that all amounts incurred on this account will be paid by this individual no later than thirty days from the date of purchase.

_____	_____	_____
Printed Name and Title	Signature of Personal Guarantor	Date

TERMS

Any individual or organization granted credit by Western Precast Concrete, Inc. agrees to pay all amounts net thirty from delivery date. Payment is not contingent on funding from owner to contractor. Balances not paid after thirty days will incur a fee equal to the maximum legal amount afforded by law, the interest rate compounded on unpaid balances at the legal rate and term.

Authorized Signature & Title _____

Printed Name _____

Accepted for Western Precast Concrete, Inc.

By: _____ Date: _____

Terms Agreement

Western Precast Concrete, Inc. has established net thirty payment terms for all open accounts. Western Precast will not help to finance any portion of a project for any contractor. We strongly encourage contractors and sub-contractors to adopt this strict policy with their clients and owners.

If you wish to purchase on account with our company you must agree to a net thirty payment policy, payment will not be contingent on funding from owner to contractor, and we ask that you do not use this excuse for late payments.

If you do not want to accept these terms please let us know and we can obtain joint check agreements from the owner of the project in which you are working.

CONTRACTOR/CUSTOMER

AUTHORIZED SIGNATURE

DATE

PRINTED NAME