

AMBROSIUS CONCRETE SUPPLIES, INC

219 ORLANDO DRIVE
DE PERE, WI 54115

OFFICE: 920-338-9551

FAX: 920-338-9557

CREDIT APPLICATION: Any information given on this application will be held in strict confidence

ORGANIZATION

COMPANY NAME: _____

PHONE: _____ MOBILE: _____ FAX NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

FEDERAL ID #: _____ or SSN #: _____

ARE YOU **TAX EXEMPT**? [] YES [] NO TAX EXEMPT NUMBER: _____

**** PLEASE COMPLETE A TAX EXEMPT CERTIFICATE IF IT APPLIES****

TYPE OF BUSINESS: [] CORPORATION [] SOLE PROPRIETORSHIP [] PARTNERSHIP

YEARS IN BUSINESS: _____

PRINCIPLES (Owners)

NAME (FIRST, M, LAST) TITLE ADDRESS MOBILE/PHONE

NAME (FIRST, M, LAST)	TITLE	ADDRESS	MOBILE/PHONE

BANK REFERENCES

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE: _____ FAX: _____

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COMPANY NAME: _____

TRADE REFERENCES

Please complete the following section with companies that supply you with materials or services on open account basis. We require three references; however it can be expedite your application if you supply additional references.

COMPANY NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

COMPANY NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

COMPANY NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

1. **AUTHORIZATION:** Ambrosius Concrete Supplies, Inc. is hereby authorized to contact any reference or bank listed for the purpose of verifying payment and account history.
2. **PAYMENT:** Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with Ambrosius Concrete Supplies, Inc. terms, which are **NET 30 DAYS**. In addition applicant further agrees to pay finance charges of 1 ½% per month on all invoices that are not paid within terms. In event of default in payment and if placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees. Undersigned, hereby personally **guarantees** the payment of all services and parts rendered. This guarantee shall continue enforce until notice in writing, sent by certified mail, return receipt required.
3. **SIGNATURE:** I hereby certify that I am an authorized representative of the firm listed above and the information listed is true and correct. Authorized Signature

(Officer): _____ Date: _____

Print Name: _____ Title: _____

(Officer): _____ Date: _____

Print Name: _____ Title: _____