

CON-AGG OF MO, LLC
Columbia Ready Mix - Boone Quarries - Land Concrete - Norris Quarries
2604 N. Stadium Blvd Columbia, MO 65202-1271
Office No. 573-447-0100 Fax No. 573-446-0147

APPLICATION FOR CREDIT

Account Number _____

Date: _____

Billing Address (If different than the mailing address)

 Name of Firm or Individual

 Name of Firm or Individual

 Address (if PO Box please include street address)

 Address (if PO Box please include street address)

 City State Zip Code

 City State Zip Code

 Telephone No.

 Cell Phone No.

 Fax No.

Please check one of the following:

Individual____ Corporation____ Proprietorship____ Partnership____ LLC____ Other____
 _____ -- _____ -- _____ or _____ - _____ (REQUIRED)
 Social Security No. Federal ID No.

Type of business _____ Years in business _____

(1) _____
 Name(s) of Principal(s) Residence Address Phone No.

(2) _____

Contact person responsible for the account: _____

 Title Telephone No.

List (3) Trade References: (For expedited handling, please include Fax numbers)

(1) _____
 Name Telephone No. Fax No.

(2) _____
 Name Telephone No. Fax No.

(3) _____
 Name Telephone No. Fax No.

Bank References

 Lending Institution Telephone No. Fax No.

Loan Officer _____

Project Name: _____

On an approved application, credit will be extended to the account for 30 days only. The balance on your Statement is payable in full upon receipt of billing. Applicant agrees that on the Balance Over 30 days, there will be added a FINANCE CHARGE not to exceed a periodic rate of one and one-half (1-1/2%) per month, which when on a twelve month basis is an ANNUAL PERCENTAGE RATE of eighteen percent (18%). The Balance Over 30 Days is determined by subtracting credits, payments, and Previous Unpaid Finance Charges from the Previous Balance. To avoid FINANCE CHARGES, payment must be received within Thirty (30) days of Statement Date.

Applicant agrees that in the event the account becomes past due and is referred to an attorney for collection, to pay the attorney's fee and court fees.

I, (We), certify the above information is complete and is provided for the purpose of obtaining credit. I, (We), authorize the release of credit information to Con-Agg of Mo, LLC.

 Authorized Signature can be typed here (REQUIRED)

 Title

 Please Print Name of Authorized Signature

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Date: _____ Business Name: _____
Contact Name: _____
Fax Number: _____

Would you be kind enough to furnish us with credit information on:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

We would like to extend credit to this individual. They have given you as a credit reference.
This information is strictly confidential.

Date account opened: _____ Terms: _____
High Balance: _____ Present Balance: _____ Amt. Past Due: _____
Payment Record: Discount _____ Prompt _____ Slow _____ Days _____
Comments: _____

----- FOR BANK USE ONLY -----

Type of Account: Checking _____ Savings _____
High Balance _____ Low Balance _____

Type of Account: Checking _____ Savings _____
High Balance _____ Low Balance _____

Type of Account: Checking _____ Savings _____
High Balance _____ Low Balance _____

Loan Experience: Max Loan \$ _____ Secured _____ Unsecured _____

How long doing business: _____ Comments: _____

Customer Signature: _____

For release of credit information (REQUIRED)

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PERSONAL GUARANTEE

FOR VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, the undersigned do hereby promise to and agree with CON-AGG OF MO, LLC, a Missouri limited liability company, AND ITS SUBSIDIARIES, that the undersigned do(es) hereby personally and unconditionally guarantee payment of all of the obligations of _____ on all of its accounts with CON-AGG OF MO, LLC AND ITS SUBSIDIARIES, and agree that the obligations of the undersigned hereunder are primary and not secondary, and agree that in the event of default in payment of any aforesaid account, CON-AGG OF MO, LLC AND ITS SUBSIDIARIES may seek recovery of all amounts due on said account with interest at the rate of 1-1/2% per month and all costs of collection, including a reasonable attorney fee, without the necessity of exhausting any other remedy available to it against the above-named applicant.

Dated _____ this day _____ of , 20_____

Business Name

By: _____
Signature of Officer Printed Name

Guarantor: _____
President Signature Printed Name

Guarantor: _____
Secretary/Board Member Printed Name

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E-INVOICING/STATEMENTS

In an effort to better serve you as our customer of Boone Quarries, Columbia Ready Mix, Land Concrete and Norris Quarries; you have the option to have your Invoices and Statements electronically emailed to you. If your company would prefer to receive your Invoices and Statements by email, please complete the information below.

Account Name: _____

Phone Number: _____

E-mail Address: _____