

# Concrete Supply of Illinois

One Racehorse Drive

East Saint Louis, IL 62205

PHONE: (618) 646-5329

FAX: (618) 646-5429

## ACCOUNT INFORMATION

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever filed for protection under the bankruptcy act? \_\_\_\_\_

Have you ever been sued for non-payment? \_\_\_\_\_ Explain: \_\_\_\_\_

## REFERENCES

Bank Reference: Checking Account

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City & State: \_\_\_\_\_ Fax #: \_\_\_\_\_

Employer Reference:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Company References:

	Name	City & State	Fax #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Permission is granted to Concrete Supply of Illinois to verify the information with outside parties whose names are herein provided. A photographic copy of this authorization may be equivalent of the original.

I agree to the terms of payment being payment in full within 30 days from invoice date. All invoices owed after 30 days will incur a finance charge of 1.5% per month or 18% per annum. I agree to pay all costs, including attorney's fees incurred in collecting any sums owed. A \$25.00 service charge will be collected on all returned checks.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please circle the plant where you want the account to be set up:

East St. Louis    Roxana-Wagon Wheel    Godfrey    Madison    Pontoon Beach    Roxana-Edwardsville

PLEASE FAX BACK TO THE ABOVE FAX NUMBER.