



CARDINAL AGGREGATES

CUSTOMER INFORMATION AND CREDIT APPLICATION

Ph: 205-674-4707 Fx: 205-674-4669

Please include Tax ID Number
Please Include a Tax Exempt Form if applicable

Company: _____ Contact: _____
 Owner: _____ Cell # _____
 Billing Address: _____ Ph #: _____
 _____ Fx #: _____
 City: _____ Email: _____
 State: _____ ZIP _____ BANK INFO: _____
 Address: _____
 City/St: _____
 Contact: _____

Ship Address: _____ Ship Phone #: _____
 Ship City: _____
 Ship State: _____ Zip: _____

Credit References: _____ Account #: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Fax: _____

Name: _____ Account #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Fax: _____

Name: _____ Account #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Fax: _____

By signing this application, I affirm that I am authorized to obtain credit on behalf of the applicant and to otherwise bind the applicant to the terms and conditions set forth above. In the event that I am not so authorized, by signing this application, I agree to be personally liable under the terms and conditions of Cardinal Aggregates set forth above.

Signed by: _____ Title: _____ Date: _____



