



1510 Irene Dr. Irving, TX 75061
972-438-2424

LEGACY READY MIX – COMMERCIAL CREDIT APPLICATION

Please complete all sections. Incomplete applications will delay approval.

APPLICANT INFORMATION

- **Legal Business Name:** _____
 - **DBA (if any):** _____
 - **Billing Address:** _____
 - **City, State, Zip:** _____
 - **Phone:** _____ **Email:** _____
 - **Date Business Started:** _____
 - **Nature of Business:** _____
-

BUSINESS STRUCTURE

Corporation LLC Partnership Sole Proprietor

- **Federal EIN / SSN:** _____
 - **Sales Tax Exempt?** Yes No (If yes, attach certificate)
-

OWNERS / OFFICERS INFORMATION

Owner / Officer #1

- **Name:** _____
- **Title:** _____
- **Home Address:** _____
- **Phone:** _____
- **SSN:** _____



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Owner / Officer #2

- **Name:** _____
 - **Title:** _____
 - **Home Address:** _____
 - **Phone:** _____
 - **SSN:** _____
-

BANK REFERENCE

- **Bank Name:** _____
 - **Contact:** _____
 - **Phone:** _____
 - **E-Mail:** _____
-

TRADE / CREDIT REFERENCES (Minimum 3 Required)

Reference #1

- **Company Name:** _____
- **Contact:** _____
- **Phone:** _____
- **E-Mail:** _____

Reference #2

- **Company Name:** _____
- **Contact:** _____
- **Phone:** _____
- **E-Mail:** _____

Reference #3

- **Company Name:** _____
- **Contact:** _____
- **Phone:** _____
- **E-Mail:** _____



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CREDIT TERMS & CONDITIONS

The Applicant acknowledges this application is for the purpose of obtaining commercial credit.

The Applicant authorizes **Legacy Ready Mix** to investigate credit history, bank references, and trade references listed.

Legacy Ready Mix reserves the right to modify, reduce, or terminate credit terms at any time.

Past due balances are subject to:

- 1.5% monthly finance charge (18% annually)
- Collection costs and attorney fees if required
- Personal guaranty if account defaults

PERSONAL GUARANTY (REQUIRED FOR CREDIT APPROVAL)

In consideration of credit being extended, the undersigned personally guarantees payment of all amounts owed to Legacy Ready Mix.

Guarantor Name: _____

Signature: _____ Date: _____

SSN: _____

AUTHORIZED SIGNATURE

I certify the information provided is accurate and complete.

Printed Name: _____

Title: _____


Signature: _____ Date: _____



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SUBMIT APPLICATION TO

 hayden.piano@legacyreadymix.com

 CC: courtney.newman@legacyreadymix.com