



CUSTOMER INFORMATION

(If sending your pre-made Credit Information, please complete any information not included)

DATE _____

NAME _____
(Full Company or Individual Name)

ADDRESS _____
(If P.O. Box, please include street address)

CITY, STATE, ZIP CODE _____

PHONE NUMBER () _____ FAX NO. () _____

MOBILE NO. () _____ EMAIL ADDRESS _____

COMPANY STRUCTURE: (Circle One) CORPORATION • LLC • PARTNERSHIP • PROPRIETORSHIP

LENGTH OF TIME IN BUSINESS UNDER THE ABOVE NAME: _____

FEIN: (Federal Identification No.) _____

IF CORPORATION, PLEASE LIST OWNERS & OFFICERS.

IF AN LLC, LIST MEMBER(S), HOME ADDRESS(S), PHONE NUMBER(S) & SOCIAL SECURITY NUMBER(S).

IF PARTNERSHIP OR PROPRIETORSHIP, LIST INDIVIDUAL(S), HOME ADDRESS(S), PHONE NUMBER(S) & SOCIAL SECURITY NUMBER(S).

RESALE NO. (If applicable) _____ (Please mail signed Resale Certificate)

CONTACT PERSON FOR ACCOUNTS PAYABLE: _____ EMAIL _____

CONTACT PERSON FOR PURCHASING: _____ EMAIL _____

DO YOU REQUIRE PURCHASE ORDER NUMBERS? YES _____ NO _____

CONTRACTORS LICENSE NUMBER & TYPE _____

(Continued on next side)

CREDIT REFERENCES

BANK NAME _____ BANK OFFICER _____
ADDRESS _____ ACCOUNT NO. _____
CITY/STATE/ZIP _____ PHONE () _____

TRADE SUPPLIERS (NO CONCRETE SUPPLIERS PLEASE)

NAME	ADDRESS	CITY/STATE/ZIP	PHONE
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____
3. _____	_____	_____	() _____

PLEASE MARK THE APPROPRIATE BOXES BELOW THAT BEST DESCRIBE YOUR BUSINESS:

LICENSE TYPE :

- | | | |
|---|---|---|
| <input type="checkbox"/> A General Engineering | <input type="checkbox"/> C-10 Electrical (General) | <input type="checkbox"/> C-32 Parking |
| <input type="checkbox"/> B General Building | <input type="checkbox"/> C-15 Flooring | <input type="checkbox"/> C-54 Tile |
| <input type="checkbox"/> A&B General Eng, bldng. | <input type="checkbox"/> C-27 Landscaping | <input type="checkbox"/> C-53 Swimming Pool |
| <input type="checkbox"/> C-8 Concrete | <input type="checkbox"/> C-29 Masonry | <input type="checkbox"/> C-50 Steel, Reinforcing |
| <input type="checkbox"/> C-31 Constr.Zone Traffic Control | <input type="checkbox"/> C-33 Painting & Decorating | <input type="checkbox"/> Other, Please Specify_____ |

BUSINESS TYPE:

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Ready Mix | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Municipalities | <input type="checkbox"/> Re-Sale |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Pumper | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Facilities Management | |
| <input type="checkbox"/> Developer | <input type="checkbox"/> Maintenance Facility | |

SPECIALTY/AREAS OF SPECIAL INTEREST:

TERMS OF CREDIT: NET 30 DAYS

I (we) hereby grant permission for SPEC-WEST to verify information with the references listed above. I (we) certify the information as submitted is true and correct according to our best knowledge and belief. I (we) further agree to comply with your terms and that if payments are not made within the terms extended and our (my) account is placed for outside collection, I (we) agree to pay all collection expenses incurred during the collection of my (our) unpaid balance, before any further shipments are made under any terms.

Type/Print Name(s)_____

Signature_____ Signature_____

Title_____ Date_____ Title_____ Date_____

(Principal, Officer or Partner)

(Principal, Officer, Partner)

Office Use Only	Account	Letter	B/S	R/S	J/A	D/M	Mngr	A/R