

Return in person or to fax number of the
 Knife River entities listed on page 2

Credit application must be completed in full and signed by an authorized person.

Applicant Information	Company Name		Tax ID/FEIN	Phone ()	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <small>Please Describe</small>
	Name of Individual Owner		FAX ()		
	Physical Address		Mobile ()		
	City	County	State	Zip	
	Mailing Address				
	City	County	State	Zip	
	Nature of Business		Date Started	Email Contact:	
	Contractor #		Type Of Material Intended To Purchase		
	Contractor's Bonding Agent		Licensing Bond #	Phone ()	
	Have you or any of your partners / officers / directors ever filed or participated in a bankruptcy filing?				
Name petitioner filed under:		If so, what year?	State	# of Years In Business _____	
Suppliers/Trade References	Name		Phone ()	Fax ()	Credit Line Requested \$ _____
	Address		City	State	
	Name		Phone ()	Fax ()	<input type="checkbox"/> Tax Exempt <small>Please attach certificate</small>
	Address		City	State	
	Name		Phone ()	Fax ()	<input type="checkbox"/> P.O Required <small>Check if yes</small>
	Address		City	State	
Banking References	Name		Account Number		Type (Checking, Savings, Loan)
	Address		City	State	Zip
	Name		Account Number		Type (Checking, Savings, Loan)
	Address		City	State	Zip
NAMES OF OWNERS, OFFICERS or PERSONS RESPONSIBLE FOR ACCOUNT:					
Name and Home Address		Title (If Corporation)		Social Security Number & Date of Birth	

By signing this credit application, I hereby certify that I am authorized to make application for credit for the above named corporation, partnership, proprietorship, or limited liability company, and I certify that the information set forth in this credit application is true.

I hereby authorize your company(s) and its representatives to investigate and verify the credit record of the applicant, and authorize your company(s) to furnish information concerning this account with your company(s) to credit reporting agencies or others who are entitled to receive such information.

I hereby authorize your company(s) and its representatives to use a non-business consumer credit report in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as requested by this credit application.

I hereby authorize your company(s) and its representatives to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in the 15 U.S.C @ 1681 et seq.

By signing this credit application, we are requesting your company(s) to provide credit to the applicant. In return, when not otherwise governed by the terms of a specific contract, the applicant agrees to pay the amounts due in full within the terms approved below. The applicant understands that this is an open credit sale, and applicant agrees to pay finance charges of one and one-half (1 1/2%) percent per month on all past due balances. The applicant further agrees to pay all collection costs, including the reasonable attorneys' fees, incurred in the collection of any unpaid amount. The applicant agrees that this document and the sales and transactions between the parties shall be governed by the laws of the state of the Knife River entity providing the related goods or services. The applicant further agrees that (where allowed by state law) any litigation relative to amounts due by applicant shall be venued in the county of the Knife River entity providing the related goods or services (listed on page 2 of 2). Returned check charge is \$30.

Select the Knife River division(s) from which credit is being requested. In the event applicant doesn't check an entity, Knife River will consider this application to apply to all divisions.

Knife River Divisions	County, State	Address	Terms*	Fax
North Central				
<input type="checkbox"/> Knife River - Central Minnesota Division	Benton, MN	4787 Shadow Wood Drive NE, Sauk Rapids, MN 56379	A	320-650-0140
<input type="checkbox"/> & Knife River Materials - Central Minnesota Division	Benton, MN	4787 Shadow Wood Drive NE, Sauk Rapids, MN 56379	A	320-650-0140
<input type="checkbox"/> Knife River - Midwest Division	Woodbury, IA	2220 Hawkeye Drive, Sioux City, IA 51105	A	320-650-0140
<input type="checkbox"/> Knife River Materials - Northern Minnesota Division	Beltrami, MN	4101 Bemidji Avenue N, Bemidji, MN 56601	A	320-650-0140
<input type="checkbox"/> Knife River Materials - North Dakota Division	Cass, ND	4658 Seventh Ave N, Fargo, ND 58102	A	320-650-0140
<input type="checkbox"/> Knife River - North Dakota Division	Burleigh, ND	3303 Rock Island Place, Bismarck, ND 58504	A	320-650-0140
Intermountain				
<input type="checkbox"/> Knife River - Billings	Yellowstone, MT	PO Box 80066, Billings, MT 59108	A	406-655-2009
<input type="checkbox"/> Knife River - Western MT	Missoula, MT	4800 Wilkie Road, Missoula, MT 59808	A	406-532-5200
<input type="checkbox"/> Knife River - Belgrade	Gallatin, MT	PO Box 9, Belgrade, MT 59714	A	406-388-8347
<input type="checkbox"/> Knife River - Yellowstone	Yellowstone, MT	PO Box 1498, Billings, MT 59103	A	406-651-2532
<input type="checkbox"/> Knife River - Casper	Natrona, WY	PO Box 730, Casper, WY 82601	A	307-234-7211
<input type="checkbox"/> Knife River - Cheyenne	Laramie, WY	PO Box 20150, Cheyenne, WY 82003	A	307-634-0220
<input type="checkbox"/> Knife River - Southern Idaho	Ada, ID	5450 West Gowen Road, Boise, ID 83709	A	208-362-6199
<input type="checkbox"/> Knife River - Northern Idaho	Kootenai, ID	8844 W. Wyoming Avenue, Rathdrum, ID 83858	A	208-765-5083
Northwest				
<input type="checkbox"/> Knife River Corp - NW (OR CCB# 2101)	Linn, OR	32260 Old Hwy 34, Tangent, OR	A	541-791-2016
<input type="checkbox"/> Knife River Materials - SOR (OR CCB# 56603)	Jackson, OR	PO Box 4430, Medford, OR	A	541-774-4113
Pacific				
<input type="checkbox"/> Knife River Const - NCA-CHI	Butte, CA	1764 Skyway, Chico, CA 95928	B	530-894-6220
<input type="checkbox"/> Knife River - NCA-RM	San Joaquin, CA	PO Box 66001, Stockton, CA 95206	B	209-933-6988
<input type="checkbox"/> Knife River Const - NCA-STK	San Joaquin, CA	PO Box 6099, Stockton, CA 95206	B	209-948-1640
South				
<input type="checkbox"/> Knife River - South	Brazos, TX	PO Box 674, Bryan, TX 77806	B	979-361-2962

Terms*: A-Net on 10th of month following purchase, B-Net 30 days after invoice date

APPLICANT SIGNATURE

Signature	Typed (or Printed) Name	Title (If Corporation or LLC)	Date

I agree to indemnify, hold harmless and defend Knife River, its successors, or assigns from any and all causes of action of any kind arising out of the actions or omissions of applicant – including the acts and omissions of applicant’s employees, officers, directors, subsidiaries, affiliates, partners, owners, subcontractors, successors, assigns, and agents. The applicant further agrees that Knife River is not obligated and will not be obligated to indemnify the applicant company – including applicant company’s employees, officers, directors, subsidiaries, affiliates, partners, owners, subcontractors, successors, assigns, and agents – for any action or omission of applicant or otherwise.

No cancellations will be accepted after materials have been loaded in carrier’s truck at our plant. In the event of delivery beyond curb line, this company will not assume liability for damage to sidewalk, driveway or other property.

PERSONAL GUARANTEE

The undersigned individuals hereby personally guarantee to the Knife River entities listed on this credit application, its successors, assigns, and heirs, the full and prompt payment of all indebtedness incurred under this credit application. This applies to any previous unpaid balances and all future purchases. (Signatures must be as individuals - not as company or corporate officials)

It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity to the Knife River entities listed on the attached credit application. I do hereby waive notice of default, nonpayment and notice thereof and agree to pay all costs, including attorney’s fees, which may be incurred in the collection of any unpaid amount. This guarantee is a material consideration in Knife River extending credit.

GUARANTOR(S)			
	Name	Address, City, State, ZIP	Date of Birth
	()	()	
	Home/Business Phone	Mobile Phone	
	Signature	Social Security Number	Date
	Name	Address, City, State, ZIP	Date of Birth
	()	()	
	Home/Business Phone	Mobile Phone	
	Signature	Social Security Number	Date

KNIFE RIVER US	To be completed by Knife River Credit Department			
		\$	Customer or Contract Billing	
	Approval signature (Knife River)	Business Unit(s)	Credit Line	Region
	Payment Terms	Responsible Salesperson/Project Manager		
Entered By (Region)	Date Entered	Customer Number(s)		