

GARY BALE REDI-MIX, INC.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

P: (949) 786-9441 F: (949) 786-3302 E: SYDNEY@GBRCASINO.COM

BUSINESS CONTACT INFORMATION

COMPANY NAME:					
CONTACT NAME & TITLE:					
PHONE:		FAX:		EMAIL:	
REGISTERED COMPANY STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
DATE BUSINESS COMMENCED:					
BUSINESS TYPE:	SOLE PROPRIETORSHIP	PARTNERSHIP	LLC	CORPORATION	OTHER

BUSINESS & CREDIT INFORMATION

PRIMARY BUSINESS STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
HOW LONG HAS THE COMPANY BEEN AT THIS ADDRESS?					
PHONE:		FAX:		EMAIL:	
BANK NAME:				PHONE:	
BANK STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
TYPE OF ACCOUNT:	CHECKING	SAVINGS	OTHER		
ACCOUNT NUMBER(S):	CHECKING	SAVINGS	OTHER		

BUSINESS & TRADE REFERENCES:

1.	COMPANY NAME:				
COMPANY STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
TYPE OF ACCOUNT:					
2.	COMPANY NAME:				
COMPANY STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
TYPE OF ACCOUNT:					
3.	COMPANY NAME:				
COMPANY STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
TYPE OF ACCOUNT:					

AGREEMENT

1. TERM OF SALE PAYMENT DUE ON 10TH OF THE MONTH FOR ALL PURCHASES MADE IN THE PREVIOUS MONTH.
2. PLEASE COMPLETE INFORMATION ON PAGE 2. EMAIL TO SYDNEY@GBRCASINO.COM
3. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE GARY BALE REDI-MIX TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

SIGNATURES

_____ X		_____ X	
NAME:		NAME:	
TITLE:		TITLE:	
DATE:		DATE:	

