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

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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		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:	NAME:		PHONE:		
BANK STREET ADDRESS:					
CITY:	STATE		ZIP CODE:		
TYPE OF ACCOUNT: CHECKING	SAVINGS		OTHER		
ACOUNT NUMBER(S): CHECKING	SAVINGS		OTHER		
	BUSINESS & TRA	ADE REFEREN	NCES:		
1. COMPANY NAME:					
COMPANY STREET ADDRESS:	T II				
CITY: STATE:			ZIP CODE:		
PHONE: FAX:			EMAIL:		
TYPE OF ACCOUNT:					
2. COMPANY NAME:				Y LI LA	
COMPANY STREET ADDRESS:					
CITY:	STATE:	<del>=     -  </del>	ZIP CODE:	CONCREPE	
PHONE:	FAX:		EMAIL:		
TYPE OF ACCOUNT:					
3. COMPANY NAME:					
COMPANY STREET ADDRESS:					
CITY:	STATE:		ZIP CODE:		
	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 <u>SYDNEY@GBRCASINO.COM</u>					
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  I					
X		X			
NAME:		NAME:			
TITLE:		TITLE:			
DATE:		DATE:			

CREDIT APPLICATION CONTINUED					
PURCHASE ORDER INFORMATION:					
WE WILL USE PURCHASE ORDERS:	WE WILL NOT USE PURCHASE ORDERS:				
TERMS OF SALE					
PAYMENT DUE ON 10TH OF THE MONTH FOR ALL PURCHASES MADE IN THE PREVIOUS MONTH.					
APPLICANT AGREEMENT					
WE REQUIRE THE SIGNATURE OF AN OFFICER, IF A CORPORATION, PARTI INDIVIDUAL OWNERSHIP:	NERS IF A PARTNERSHIP, AND OF OWNER IF				
APPLICANT WARRANTS AND REPRESENTS TO GARY BALE REDI MIX THAT SUPPLIER IMMEDIATELY IF IT BECOMES INSOLVENT OR OTHERWISE UNA APPLICANT WILL NOT BE RELEASED FROM LIABILITY WITH COMPANY APP BELOW ASSUME JOINT AND SEVERAL RESPONSIBILITIES WITH COMPANY COMPANY AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION ACT PAY INTEREST AT THE RATE OF 18% PER ANNUM (1.5% MONTHLY) ON THE WHETHER OR NOT THE COLLECTION OR SUIT IS PURSUED TO A JUDGMEN	BLE TO MEET CURRENT OBLIGATIONS WHEN DUE. INDIVIDUAL PLICANT FOR ANY DELINQUENT BALANCES. INDIVIDUAL(S) SIGNING APPLICANT FOR ANY DELINQUENT BALANCES. INDIVIDUAL(S) AND SENCY COMMISSIONS AND COLLECTION COSTS OF SUIT AND AGREE TO HE UNPAID BALANCE SHOULD YOUR ACCOUNT BECOME DELINQUENT,				
PERSONAL GURANTEE					
I/WE SIGN THIS CREDIT APPLICATION ON BEHALF OF APPLICANT AND AS AN INDIVIDUAL(S) DO PERSONALLY GUARANTEE PAYMENT OF ALL PRESENT AND FUTURE INDEBTEDNESS OF APPLICANT TO GARY BALE REDI MIX AND ITS ASSIGNEE'S, INCLUDING ALL REASONABLE ATTORNEY'S FEES, COLLECTION AGENCY COMMISSIONS AND COLLECTION COSTS INCURRED BY TO GARY BALE REDI MIX IN THE EVENT OF DEFAULT PAYMENT. I/WE ALSO AGREE TO PAYMENT OF INTEREST CHARGES AT THE RATE OF 18% PER ANNUM (1 -1/2% MONTHLY) ON THE UNPAID BALANCE.  I/WE ALSO AGREE THAT OUR PERSONAL LIABILITY HEREUNDER SHALL NOT BE RELEASED OR DISCHARGED BY ANY EXTENSION OF TIME, OR BY ANY OTHER MODIFICATION UNLESS SIGNED BY TO GARY BALE REDI MIX.  NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS PROPERLY SIGNED. THIS SIGNATURE IF TRANSMITTED BY EMAIL OR FACSIMILE MACHINE WILL BE ACCEPTABLE AND BINDING AS IF IT WERE AN ORIGINAL.					
SIGNATURES					
NAME:	X DDINTED NAME:				
PRINTED NAME:	PRINTED NAME:				
COMPANY:	COMPANY:				
TITLE:	TITLE:				
DATE:	DATE:				
DI EACE MAIL AN ODICINAL CICNED CODY TO: 16121 CONSTRUCTION CIR	CLE M. IDVINE CA 03606 OD EMAN TO: SVDNEV@CDDCASINO COM				