

CON ♦ AGG COMPANIES

Boone Quarries • Norris Quarries • Mid-Missouri Limestone
Razor Rock Materials • Razorback Concrete • Columbia Ready Mix
Underground Records • Subterra • Land Concrete • Sandidge Concrete

Credit Application Information

Please complete pages 1, 3 & 4 and ONLY sign the bottom of page 2. As soon as we process your application, we will call you with your account number. Please allow 5 business days to process credit applications and be sure that all Trade Reference information is complete to ensure quick processing.

If you have any tax exemptions or require a PO when product is purchased, please specify. If you have specific projects, please contact our office at 573-447-0100 to set up projects so products are billed accordingly.

CENTRAL DISPATCH NUMBERS

Rock/Aggregate	573-445-8393
Ready Mix	573-445-3901
Block/Specialty Rock/Sand	573-234-2166

Some reminders regarding our account procedures:

- Payment is due 30 days from Invoice date
- If your account exceeds your credit limit, it will automatically be placed on hold
- If your account is delinquent, it may be placed on hold until paid to current
- If we do not have adequate contact information, your account may be placed on hold
- If an account is turned over to collections for non-payment, the account will not be re-opened

If you have any of the below requests or have documents to be submitted, please submit by email to billing@conagg-mo.com

- *W9 Request
- *Certificate of Insurance Request
- *Change of Address/Phone Number/Name on Account
- *Tax Exemptions
- *Lien Waiver Requests
- *Questions regarding your account

Please return enclosed forms to billing@conagg-mo.com or

ConAgg Companies LLC
A/R Department
2604 N Stadium Blvd.
Columbia, MO 65202

If you have any questions, please call our office at 573-447-0100.

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COMPANIES

Columbia Ready Mix - Boone Quarries - Land Concrete - Norris Quarries - Mid-MO Limestone - Sandidge Concrete
2604 N. Stadium Blvd Columbia, MO 65202-1271
Office No. 573-447-0100 Fax No. 573-446-0147

APPLICATION FOR CREDIT

Account Number _____

Date: _____

Billing Address (If different than the mailing address) _____

Name of Firm or Individual _____

Name of Firm or Individual _____

Address (if PO Box please include street address) _____

Address (if PO Box please include street address) _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Telephone No. _____

Cell Phone No. _____

Fax No. _____

PO's Required? Yes _____ No _____

Please check one of the following:

Individual _____ Corporation _____ Proprietorship _____ Partnership _____ LLC _____ Other _____

Social Security No.

or

Federal ID No.

Type of business _____

Years in business _____

****Note: If less than 7 years provide SSN above****

(1) _____
Name(s) of Principal(s) Residence Address Phone No.

(2) _____

Contact person responsible for the account: _____

Title

Telephone No.

List (3) Trade References: (For expedited handling, please include Fax numbers)

(1) _____
Name Telephone No. Email Address or Fax No.

(2) _____
Name Telephone No. Email Address or Fax No.

(3) _____
Name Telephone No. Email Address or Fax No.

Bank References

Lending Institution Telephone No. Email Address or Fax No.

Loan Officer _____

Credit Requested for Project: _____

On an approved application, credit will be extended to the account for 30 days only. The balance on your invoice is payable in full upon receipt of billing. Applicant agrees that on the Balance Over 30 days, there will be added a FINANCE CHARGE not to exceed a periodic rate of one and one-half (1-1/2%) per month, which when on a twelve month basis is an ANNUAL PERCENTAGE RATE of eighteen percent (18%). The Balance Over 30 days is determined by subtracting credits, payments, and Previous Unpaid Finance Charges from the Previous Balance. To avoid FINANCE CHARGES, payment must be received within Thirty (30) days of the Invoice Date. **PAYMENT TERMS: NET 30 FROM INVOICE DATE.**

Applicant agrees that in the event the account becomes past due and is referred to an attorney or collection agency for collection, they will pay the attorney's fee, court fees, and/or collection fees.

I, (We), certify the above information is complete, truthful, and is provided for the purpose of obtaining credit. I, (We), authorize the release of credit information to Con-Agg Companies, LLC.

Authorized Signature

Title

Please Print Name of Authorized Signature

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Office No. 573-447-0100 Fax No. 573-446-0147

Date: _____ Business Name: _____
Contact Name: _____
Fax Number: _____

Would you be kind enough to furnish us with credit information on:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

We would like to extend credit to this individual. They have given you as a credit reference.
This information is strictly confidential.

Date account opened: _____ Terms: _____
High Balance: _____ Present Balance: _____ Amt. Past Due: _____
Date of last sale: _____ Amount of last sale: _____
Payment Record: Discount _____ Prompt _____ Slow _____ Days _____
Comments: _____

----- FOR BANK USE ONLY -----

Type of Account: Checking _____ Savings _____
High Balance _____ Low Balance _____
Type of Account: Checking _____ Savings _____
High Balance _____ Low Balance _____
Type of Account: Checking _____ Savings _____
High Balance _____ Low Balance _____

Loan Experience: Max Loan \$ _____ Secured _____ Unsecured _____

How long doing business: _____ Comments: _____

Customer Signature: _____

For release of credit information

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PERSONAL GUARANTEE

FOR VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, the undersigned do hereby promise to and agree with CON-AGG COMPANIES, LLC, a Missouri limited liability company, AND ITS SUBSIDIARIES, that the undersigned do(es) hereby personally and unconditionally guarantee payment of all of the obligations of _____ on all of its accounts with CON-AGG COMPANIES, LLC AND ITS SUBSIDIARIES, and agree that the obligations of the undersigned hereunder are primary and not secondary, and agree that in the event of default in payment of any aforesaid account, CON-AGG COMPANIES, LLC AND ITS SUBSIDIARIES may seek recovery of all amounts due on said account with interest at the rate of 1-1/2% per month and all costs of collection, including a reasonable attorney fee, without the necessity of exhausting any other remedy available to it against the above-named applicant.

Dated _____ this day _____ of , 20 _____

Business Name or Applicant's Name

By: _____
Signature of Owner or Applicant Printed Name

Guarantor: _____
President Signature Printed Name

Guarantor: _____
Secretary/Board Member Printed Name

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— COMPANIES —

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E-INVOICING/STATEMENTS

In an effort to better serve you as our customer of Boone Quarries, Columbia Ready Mix, Land Concrete, Sandidge Concrete, Norris Quarries, and Mid-MO Limestone; you have the option to have your Invoices and Statements electronically emailed to you. If your company would prefer to receive your Invoices and Statements by email, please complete the information below.

Account Name: _____

Phone Number: _____

E-mail Address: _____