			Company Name:				
			This location is: Main Office Branch Office Type of Business:				
			Street Address:				
	B≼	MS	City:Zip				
		TERMS	Mailing Address:				
	COMPLETED		City:Zip				
	8		Phone: ()Mobile: ()				
			E-mail:				
Customer#			Years in Business: Years at Current Address: □ Own □ Rent □ Lease				
		ΗMI	SS# or Tax ID#:Contractor's License #:				
	TED	CREDIT LIMIT	□ Sole Proprietorship □ Partnership □ Corporation State Incorporated: Date Incorporated:				
	COMPLETED	CRE	LIST NAMES OF OWNER, PARTNERS OR CORPORATION OFFICERS				
	DATE CO		Position:Name:				
	DA		Position:Name:				
			Position:Name:				
For office use only	AME		BANKING INFORMATION				
ce us	CUSTOMER NAME	#	Bank Name:Branch:				
. offi	STOM	RESALE	City:Account #:				
Foi	CUST	RES	Contact Name:Phone:				
PRESENT MATERIAL SUPPLIERS							
EDIT 079-0729 -4882 sion 210)			Name:City:				
CRI	C. A 920 744-	xtens	Phone:Fax:				
N FOR COCK, Inc. OCK, Inc. Alarcos, CA S Fax (760) 74 Intruent (exte			Name:City:				
L Z	Ock Marcc	artme	Phone:				
₽	APPLICATION FOR CRED KRC Rock, Inc. P.O. Box 729 • San Marcos, CA 92079 (760) 744-1036 • Fax (760) 744-48 Credit and A/R Department (extension						
<u>S</u>			Name:City:				
PPL 30x 7; 60) 74 it and		it and	Phone:Fax:				
Į₹	P.O. I	Cred	Purchasing Requirements: ☐ Job Name ☐ Job Number ☐ P.O. Number ☐ Other				
Names of Those Authorized to Charge (attach list if needed):							
	MI						
YA			Who is your accounts payable contact? Name:Phone:				
			Resale: in order to sell you merchandise on a tax-exempt basis, state law requires a separate, completed and signed resale				
\			card. Please send your completed card with this credit application. RESALE? Yes No (Circle One)				
			Credit limit you are requesting:(Limits over \$10,000 must include a current financial statement with your credit application)				

Page Two KRC Rock Credit Application (Continued from page one)

EQUIPMENT OWNED		
Description:		
Value:	Loan Value:	Monthly Payment:
Financed By:		
BUSINESS PROPERTY OWNED		
Description & Address:		
Value:	Loan Value:	Monthly Payment:
Is there a 2nd Trust Deed Holder? ☐ Yes ☐	No Loan Amount:	
1st Trust Deed Holder Name:		
Address:		
HOME: □ OWN □ RENT		
Address:		
		Monthly Payment:
First Trust Deed Holder:		
2d Trust Deed Holder:		Loan Balance:
are legally bound to provide all Preliminary Notice. The undersigned represents and warrants the fol. Payment is due 15 days from date of companies that are thirty days past the companies to be a serviced permitted by law. Delinquent accounts are subject to closupplication for credit has been submitted. In the event of collection, the Companies.	ia Preliminary Notices to all jobs over \$500 e information on projects of which the involution in the involution of the involution of the involution in the involution of the	0.00. As a customer of KRC Rock you, the undersigned, understand that you pice or combined invoices amount exceeds \$500.00. It is a service charge on the balance due. In it is a service charge on the balance due. In it is a service charge shall not exceed the maximum rate in all balances (including service charges) are paid in full and a new in the nable attorneys fees and costs as well as all unpaid balances including
	orthiness. Purchases totaling \$5,000.00 ir	a minimum of \$2,000.00 paid for in advance of delivery or pick up. Credit and n a 12 month period must be made and balances paid within the credit terms
NAME OF COMPANY		
PRINT NAME OF OWNER OR AUTHORIZED AG	GENT OR OFFICER	
		DATE
	Personal Guara	
		guarantees any and all charges and/or money due KRC Rock, Inc. This sum t is demanded by KRC Rock, Inc., the undersigned agrees to make payment

PRINT GUARANTOR'S NAME	
GUARANTOR'S SIGNATURE	_DATE
HOME ADDRESS	