

**CREDIT APPLICATION TO D.K. LEASING, LLC. d/b/a KINCAID READY MIX**

**P O Box 520 • Olathe, KS 66051  
(913) 788-3165 • Fax (913) 788-0001**

**COMPANY INFORMATION:**     Proprietorship             Corporation             Other

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

Length of Time in Current Business: \_\_\_\_\_ Name of Contact for Billing Purposes: \_\_\_\_\_

Check if Tax Exempt            Exemption Number \_\_\_\_\_

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_

Name of President \_\_\_\_\_ Address \_\_\_\_\_

Owner's Telephone No. \_\_\_\_\_ Fax No \_\_\_\_\_

Owner's Birthday \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. and State: \_\_\_\_\_

**REFERENCES:** Name, Contact Name, Address, & Telephone No. & Fax No.

**Bank:**

_____	_____
_____	_____
_____	_____
_____	_____

**Trade:**

_____	_____
_____	_____
_____	_____
_____	_____

**PAYMENT TERMS, LATE CHARGES:** Customer agrees, unless otherwise provided on the invoices, that payment is in default if not due by the 10<sup>th</sup> day of the month following delivery and to pay a service charge of 2.0% per month to an account in default. If allowed by law, customer agrees to pay reasonable collection costs, including reasonable attorney fees, on accounts in default.

**AUTHORIZATION AND GUARANTY:**

The undersigned, for himself and for the business entity, if applicable, authorizes the release of all banking and credit information, including without limitation, authorizing D. K. Leasing, LLC. d/b/a Kincaid Ready Mix (KRM) to request a credit bureau check, regarding the above referenced business and individuals. Undersigned and entity, if applicable, submit this to induce KRM to extend trade credit. If the Applicant for Credit is an entity of any kind, including a limited liability company or corporation and to induce KRM to extend credit to the entity, the undersigned personally approves the terms and conditions of the credit application including agreeing to make payment in full to KRM for all amounts due according to the terms hereof and to the terms of KRM's invoices even if KRM has not pursued payment from the entity.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_