

# APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

AREA CODE \_\_\_\_\_

PHONE \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of:

**Greystone Concrete Products, Inc.**

**John F. Cannady, III**

CREDIT MANAGER

P. O. Box 680

**10th of the month following the  
OUR NORMAL CREDIT TERMS**

Henderson, N. C. 27536

**month of purchase**

FAX # <sup>252</sup> 919-438-2350

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation     Check here if incorporated within the past 12 months     Partnership     Individual

1. NAME(S) OF PRINCIPAL(S) \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FINANCE:

BANK \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_

PHONE \_\_\_\_\_

REFERENCES:

1. BUSINESS NAME \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_\_ (Title) \_\_\_\_\_

Please do not write in the space below

REFERENCES CHECKED BY \_\_\_\_\_

CREDIT APPROVED BY \_\_\_\_\_

REFERENCE RESULTS \_\_\_\_\_

CREDIT REFUSED BY \_\_\_\_\_

DATE \_\_\_\_\_