

711 North Wilkinson Street
Milledgeville, Georgia 31061

(478) 452-0541

Post Office Box 923
Milledgeville, Georgia 31059-0923

Fax (478) 452-6734

Application for Credit

Application For Credit

Company/Individual Name _____ **Business Contact** _____
(Full Legal Name)

Street Address _____ **Business Phone** _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

Mailing Address _____ **Mobile Phone** _____

City _____ **State** _____ **Zip** _____ **Pager Number** _____

Check One: Corporation Partnership Government **Fax Number:** _____
 Individual **Social Security Number** _____

(Employer and Phone _____) **Tax Exempt # (If applicable)** _____

How Long in Business _____ **Federal Tax ID Number:** _____

Type of Business _____ **Purchase Order Required** _____

Lot or Street Number _____ **Proposed Job Location(County)** _____

Email Contact: _____

Trade References—List Verifiable References- Fowler Flemister Concrete, Inc. is authorized to obtain credit information from these references and other credit report service and may disclose the information obtained to others making an inquiry.

Business _____ City _____ Contact _____ Phone _____

Business _____ City _____ Contact _____ Phone _____

Business _____ City _____ Contact _____ Phone _____

Bank References

Bank _____ Phone _____ Contact _____

Corporations and Partnerships

Name _____ Social Security # _____ Address _____ Phone _____

Name _____ Social Security # _____ Address _____ Phone _____

- Please ensure that all application items are completed. Any missing information will delay processing. Thank You.

In signing this application, I (we) agree to pay all charges by the 10th of the month following purchase. If it becomes necessary to effect collections, I (we) will pay reasonable attorney fees, court cost, and interest at 1.5% per month. If my (our) business is a corporation, the undersigned agrees to be personally responsible for any purchases made by the corporation pursuant to this application.

Authorized Signature _____ Date _____
(If corporation, Officer signature required)

If there are restrictions on who can charge to your account, please provide names of authorized individuals on the back of this form.