

Application For Credit

Name of Firm or Individual _____

Physical Address(including city, state, & zip code) _____

Area Code & Phone Number _____

Billing Address(including city, state, & zip code) _____

Area Code & Phone Number _____

Fax Number _____

Pager Number _____

Car or Cellular Phone Number _____

Please Check One :

_____ Corporation _____

Partnership _____

Individual Tax I.D. #: _____

Name(s) of Pricipal(s) _____

Driver's License # _____

Home Phone Numbe _____

1. _____

Complete Physical Address: _____

2. _____

Complete Physical Address: _____

Bank Name _____

Bank Address _____

Bank Phone Number _____

Credit Reference Name _____

Your Account # _____

Credit Depart. Phone Number _____

1. _____

2. _____

3. _____

4. _____

Taxable _____ Non Taxable _____ Non Taxable by Job Only _____

Please attach your Tax Exempt Certificate if possible. Tax Exempt Cert. by job only must be prese placing your order. Payment terms are Net 30 Days. Insufficient Check Charge is \$25.00.

Does your company require purchase orders Yes/NO _____ I certify that all the above information is correct. I fully understand and agree to your terms. _____

Accounts Payable Contact: _____ Phone Number: _____

I authorize Camp Logan Cement Works, Inc. to receive any credit information for myself and/or bu: _____

Officer's Signature _____

Title _____

Date _____

Mailing Address

Camp Logan Cement Works, Inc.
P.O. Box 70126
Houston, Tx. 77270-0126
Phone: 713-869-3385
Fax: 713-869-3362

Physical Address

Camp Logan Cement Works, Inc.
1212 Asbury St.
Houston, Tx. 77007
Keymap #492-G
Toll Free: 800-445-9062

For Office Use Only:

Customer# : _____
Category # : _____
Key Map # : _____
Salesman # : _____

FAX BACK TO:

@ 713-869-3362