



1333 South Second Street, P.O. Box 50, Leavenworth, KS 66048-0050

Phone 913-772-4010 Fax 913-772-8661

Contact e-mail AR@GEIGERREADYMIX.COM

Credit Application

Business Name/Contact Person	Company Website
Street Address:	Office Phone#:
City:	Cell Phone#:
State and Zip:	Fax #:
Mailing Address: (If different than above)	E-mail:
Business State of _____ Federal ID# _____ Individual SS# _____ (Please Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Type of Work (Please Select One) <input type="checkbox"/> Residential <input type="checkbox"/> Utility <input type="checkbox"/> Flatwork <input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Foundation Project/Job Location:

Owners/Principals

Name and Title:	Name and Title:
Personal Address:	Personal Address:
City, State, Zip :	City, State, Zip:
Phone #:	Phone #:

Billing Information

Are you tax exempt? (If so, please enclose copy of exemption certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require purchase order numbers on your invoice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require project numbers on your invoice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your invoices are to be paid by the 10 th of the month following your purchase. Is this understood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoice Delivery Preferred: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail: _____ <input type="checkbox"/> Fax: _____	
Requested Credit Amount \$	
Will you furnish financial statements if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRADE REFERENCES* Credit Application will not be processed without fax number

*We do not accept credit card companies for trade references

Business Name:	Business Name:
City, State, Zip:	City, State, Zip:
Fax # REQUIRED:	Fax # REQUIRED:
Phone #:	Phone #:
Email:	Email:
Previous Ready Mix Supplier	Bank Reference
Name:	Name:
Contact:	Type of Account:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Fax # REQUIRED:	Fax # REQUIRED:
	Loan Office:
	Account #:

IMPORTANT!! PLEASE READ

APPLICANT'S SIGNATURE AUTHORIZES GEIGER READY-MIX CO., INC. TO CONTACT YOUR REFERENCES FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION. THIS RELEASE AND AGREEMENT TO TERMS OF THIS APPLICATION MUST BE SIGNED BEFORE WE CAN PROCESS YOUR APPLICATION.

AS THE APPLICANT, I HAVE LISTED INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT WITH GEIGER READY-MIX CO., INC. THE INFORMATION SUPPLIED ON THE APPLICATION IS TRUE AND CORRECT. GEIGER READY-MIX CO., INC. IS AUTHORIZED TO INVESTIGATE THE REFERENCES LISTED AND OTHER SOURCES TO DETERMINE MY CREDIT STANDING AND FINANCIAL OBLIGATIONS.

I DO HEREBY AGREE TO PAY ANY AND ALL OBLIGATIONS TO GEIGER READY-MIX CO., INC. WITHIN 30 DAYS OF THE DATE OF THE INVOICE. IF, AT ANY TIME, I FAIL TO MEET THOSE TERMS, THERE WILL BE LIENS FILED AGAINST THE PROPERTY. IN THE EVENT THAT GEIGER READY-MIX SHOULD INCUR COLLECTION COSTS, OR INSTITUTES ANY SUIT OR ACTION TO COLLECT ANY UNPAID CHARGES ON MY ACCOUNT, I AGREE TO PAY SUCH ADDITIONAL COLLECTION COSTS, CHARGES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEYS' FEES.

ACCOUNTS NOT PAID WITHIN TERMS ARE SUBJECT TO A MINIMUM 1% MONTHLY FINANCE CHARGE AND TO HIGHER RATES OF INTEREST WHERE ALLOWED BY LAW.

SIGNATURE _____ TITLE _____

NAME OF COMPANY _____ DATE _____

Personal Guarantee

IN CONSIDERATION OF GEIGER READY-MIX CO., INC. EXTENDING CREDIT TO THE ABOVE-IDENTIFIED ENTITY APPLYING FOR CREDIT, I

_____(PRINT NAME) DO HEREBY PERSONALLY GUARANTEE PAYMENT FOR ALL MATERIALS AND SERVICES THE ENTITY MIGHT RECEIVE FROM GEIGER READY-MIX CO., INC. THIS GUARANTEE SHALL REMAIN IN EFFECT FOR ALL PURCHASES MADE UNTIL IT IS WITHDRAWN BY ME GIVING WRITTEN NOTICE TO GEIGER READY-MIX CO., INC. P.O. BOX 50, LEAVENWORTH, KS 66048-0050.

IN THE EVENT THAT GEIGER READY-MIX CO., INC. SHOULD INCUR COLLECTION COSTS, OR INSTITUTES ANY SUIT OR ACTION TO COLLECT ANY UNPAID CHARGES ON THE ACCOUNT OF THE ABOVE-IDENTIFIED ENTITY, I AGREE TO PAY SUCH ADDITIONAL COLLECTION COSTS, CHARGES AND EXPENSES, INCLUDING BUT NOT LIMITED TO, REASONABLE ATTORNEY FEES.

GUARANTOR _____ (SIGNATURE REQUIRED)

DATE _____

Credit Application (November2013)



Leavenworth – Kansas City – Liberty – Olathe – Lee's Summit

913-281-0111 Central Dispatch

913-772-4010 Administration

November 13, 2013

Re: Concrete batched and delivered in Missouri only.

Attention Customer:

In order to adhere to Missouri sales tax law, we have taken the stance to set apart the delivery portion of the concrete and therefore remove the delivery charge from the sales tax calculation. We believe this stance, is the correct stance according to Missouri law. The total cost of your concrete will not be impacted, but setting apart the delivery portion will reduce the amount of sales tax that must be charged.

Missouri law states that delivery charges will not be subject to Missouri sales tax if:

1. The charges are separately stated on the invoice.
2. Bids or sales quotes are stated subject to the purchaser accepting title before delivery.
3. The invoice states that passage of title occurs prior to delivery.

This law applies to concrete batched and delivered in Missouri only. By signing this letter and returning it to us you have acknowledged the above criteria. **We appreciate your prompt attention to this matter and anxiously await the return of this letter.**

Signature_____ Date_____

Company_____