

## **Arcosa Specialty Materials**

(Please select subsidiary, if applicable)
□JA Jack & Sons, Inc. □ Art Wilson Co

	CREDIT	<b>APPL</b>	<b>ICA</b> T	ron
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Pros. #:

## EMAIL FORM TO:

asmcredit@arcosa.com Attn: Accts Receivable 1550 Double Drive Norman, OK 73069-8288 T: (405) 366-9500 E: ASMCredit@arcosa.com

PLEASE NOTE: Incomplete applications will delay processing

Would you like to receive you invoice by: □Email or □Mail

APPLICANT INFORMATION							
FULL NAME OF BUSINESS (APPLICANT) (INCLUDE ANY DBA NAMES)		* EIN/SOCIAL SECURITY #					
ADDRESS		EMAIL ADDRESS		TELEPHONE NUMBER			
СПУ	STATE	POSTAL CODE	COUNTRY	YEAR ORGANIZATION STARTED			
AP CONTACT NAME		AP TELEPHONE NUMBER		AP EMAIL ADDRESS			
CUSTOMER ASSUMES STAT	E TAX LIABILITY UNLESS APPLICA	TION IS ACCOMPANIED BY SIGNED SA	ALES USE TAX EXEMPTION	CERTIFICATE FOR EACH STATE.			
ESTIMATED MONTHLY CREDIT REQUESTED (Required)	TAX STATUS	SALES TAX PERMIT # (attach copy)		DUNN & BRADSTREET # (if applicable)			
BANKING INFORMATION							
BANK NAME		CONTACT NAME/ACCOUNT MANAGER		EMAIL ADDRESS			
ADDRESS		TELEPHONE NUMBER		* FAX NUMBER			
СПУ		STATE	POSTAL CODE	COUNTRY			
TYPE OF BANKING ACCOUNT	ACCOUNT NUMBER						
BUSINESS REFERENCES (MUST HAVE 3 REFERENCES) Add additional references by attaching another application sheet.							
1. BUSINESS NAME		CONTACT NAME/ACCOUNT MANAGER		EMAIL ADDRESS			
ADDRESS		TELEPHONE NUMBER		* FAX NUMBER			
СПҮ		STATE	POSTAL CODE	COUNTRY			
2. BUSINESS NAME		CONTACT NAME /ACCOUNT MANAGER		EMAIL ADDRESS			
ADDRESS		TELEPHONE NUMBER		* FAX NUMBER			
СПҮ		STATE	POSTAL CODE	COUNTRY			
3. Business name		CONTACT NAME/ACCOUNT MANAGER		EMAIL ADDRESS			
ADDRESS		TELEPHONE NUMBER		* FAX NUMBER			
спү		STATE	POSTAL CODE	COUNTRY			
The above information is being submitted for the purpose of allowing Harrison Gypsum, LLC to assess and/or continue to assess credit solely for the business purposes of the applicant. The applicant hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date hereof. The applicant hereby authorizes the references including the banks listed above and hereby authorizes the references to release the requested information. The applicant hereby agrees to remit payment within the terms specified on the face of each invoice. If payment is not received when due, the applicant also agrees to pay a monthly service charge equal to one and one half percent (1 ½%) or the maximum amount allowable under applicable state law, of the unpaid delinquent balance until the account is paid in full. If the account is paid in specification, the applicant agrees to pay all costs and expenses of collection, including reasonable attorney's fees and expenses. In connection with any purchase of Harrison Gypsum, LLC products by Customer, Customer agrees to be bound by and comply with the then current Harrison Gypsum, LLC terms and conditions of sale applicable to such permased as a payment of the such products (as expenses of payment in the payment is not received when due, th							