



SCRUGGS CONCRETE COMPANY

807 RIVER ST. / VALDOSTA, GEORGIA 31601 / PHONE (229) 242-1170 / FAX (229) 245-3670



OFFICE USE ONLY: Credit Amount _____	Approved By _____	Date _____
Account # _____	Primary Shipping Plant _____	Scruggs Rep. _____

Company / Individual Name (Full Legal Name)	Business Contact
Street Address	Social Security # (Applicant or Company Officer)
City _____ State _____ Zip _____	Tax Exempt #, if applicable: _____
Mailing Address	Business Phone _____
City _____ State _____ Zip _____	Home Phone _____
Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Fax Number _____
<input type="checkbox"/> Government <input type="checkbox"/> Individual (Employer & Phone _____)	Mobile Phone _____
Type of Business _____	E-mail _____
Project and Location _____	How Long in Business _____

Trade References – List Verifiable References. Scruggs Concrete Company is authorized to obtain credit information from these references and may disclose the information obtained to others making a credit inquiry:

Business _____	City _____	Contact _____	Phone _____
Business _____	City _____	Contact _____	Phone _____
Business _____	City _____	Contact _____	Phone _____

Bank References:

Bank _____	Checking Account # _____	Phone _____
Bank _____	Loan # _____	Officer _____
		Phone _____

Corporations and Partnerships – Officers Must Complete this Section:

Name _____	Social Security # _____	Address _____	Phone _____
Name _____	Social Security # _____	Address _____	Phone _____
Name _____	Social Security # _____	Address _____	Phone _____

Please ensure all application items are completed, any missing information will delay processing – Thank You.

By signing this application, I (we) agree to pay all purchases by the 10th of the month following purchase. If it becomes necessary to effect collections, I (we) will pay reasonable attorney fees, court costs 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 – If corporation, officer’s signature required. _____	Date _____
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If there are restrictions on who can charge to your account, please provide names of authorized individuals on back).