



## CREDIT ACCOUNT APPLICATION

By filling out this credit application you are applying for credit with Cemstone and Twin City Concrete Companies including, Cemstone Products Company, Cemstone Ready Mix, Inc., Cemstone Concrete Materials LLC, TCC Materials, Roberts Concrete Products, Akona Manufacturing, LLC, and Amcon Concrete Products, LLC. Application must be filled out completely. Submission of this application does not guarantee credit will be granted to all companies. To specify desired companies, please see page 2.

### **Documents sent electronically may be used as an original.**

Complete fully and have all owners or officers sign to prevent any delays in processing.

Return application to the address below:

Corporate Credit Manager  
2025 Centre Pointe Boulevard, Suite 300  
Mendota Heights, MN 55120-1221

Email: **credit@cemstone.com or credit@tccmaterials.com**

Phone: 651-688-9292

Fax: 651-688-0124

**CONFIDENTIAL DOCUMENT**

PLEASE FILL OUT THE FOLLOWING INFORMATION

COMPANY INFORMATION

Legal Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile: ( \_\_\_\_\_ ) \_\_\_\_\_

Website: \_\_\_\_\_

Business Type:  Corporation  Partnership  Proprietorship (individual)

Date started or Incorporated: \_\_\_\_\_ State of Registration or Incorporation: \_\_\_\_\_

Federal ID No. (Required) \_\_\_\_\_ Credit Line Requested: \$ \_\_\_\_\_  Request COD Only

Sales Tax Exempt:  Yes  No

If yes, provide a copy of the Sales Tax Exempt Forms for each company checked in the next section

\*\*Please note: Tax Exemption forms for project-specific tax exemptions must be submitted prior to the start of a project.\*\*

Customer Type:  Contractor  Dealer  Other: \_\_\_\_\_ (please specify)

Classification of Company:

- Agricultural  Concrete Masonry  Curb & Gutter  General Contractor  Highway
 Municipal | Government | Private  Poured Walls  Residential  Utilities

PURCHASING INFORMATION

Purchaser/Sales Contact: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Primary Purchasing Region (States, Counties, Cities, etc.): \_\_\_\_\_

If you have already been working with a sales rep, please list here: \_\_\_\_\_

Do you require a Purchase Order:  Yes  No

Our company sends invoices electronically. Please identify the email to send these to below.

Invoice Email: \_\_\_\_\_

Check appropriate box(es) of specific company/companies you intend to purchase from:

- Akona Manufacturing  Cemstone Concrete Materials  Cemstone Supply
 Amcon Concrete Products  Cemstone Products Company  Roberts Concrete
 Cemstone Aggregates  Cemstone Ready Mix  TCC Materials

Check appropriate box(es) of products and services you intend on purchasing:

- Aggregates  Concrete Placing Services  Retaining Wall Block
 Bagged Concrete, Mortar, and Rock  Concrete Repair & Restoration  Sealers & Curing Agents
 Brick & Stone  Precast Products  Tile Setting Products
 Cherry Stone Grits  Ready Mixed Concrete  Tools & Equipment
 Concrete Block  Other: \_\_\_\_\_

**For each officer, shareholder, partner, or owner please provide the information requested below:**

1. Owner/Officer: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residential Address: \_\_\_\_\_
2. Owner/Officer: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residential Address: \_\_\_\_\_
3. Owner/Officer: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residential Address: \_\_\_\_\_
4. Owner/Officer: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residential Address: \_\_\_\_\_

**Bank Reference**

1. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Credit References**

1. Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Internal Use Only:

Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Credit Limit Authorized: \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_

