

DUFFIELD HOLDINGS, LLP  
dba MOBLEY CONCRETE COMPANY  
P. O. BOX 11630  
RUSSELLVILLE, AR 72812  
PHONE: 479-968-5664 FAX: 479-968-8545  
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CREDIT APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNTS PAYABLE – CONTACT EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBERS: BUSINESS \_\_\_\_\_ HOME \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  BUSINESS  HOME  CELL  EMAIL  FAX

THIS BUSINESS IS A  CORPORATION  LIMITED LIABILITY CORPORATION  PARTNERSHIP  INDIVIDUAL  
DUN & BRADSTREET NUMBER \_\_\_\_\_ FEDERAL TAX ID # (IF APPLICABLE) \_\_\_\_\_

OWNER OR OFFICERS

Type of Business _____	
Date Started or Incorporated _____	
Approximate Monthly Requirements \$ _____	
Is Purchase Order Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is Sales Tax to be Added to Invoice? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sales Tax Exemption Number: _____ (Copy of Certificate is Required)	
<u>BANK REFERENCE</u>	
NAME OF BANK OR FINANCIAL INSTITUTION _____	
ADDRESS _____	
PHONE NUMBER _____ FAX NUMBER _____	
BANK OFFICER TO CONTACT: _____	

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

RES. ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

RES. ADDRESS \_\_\_\_\_

INDIVIDUAL

SS# \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

RES. ADDRESS \_\_\_\_\_

Is this business the full-time occupation of owner? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, please explain: _____
_____

**LIST THREE (3) TRADE REFERENCES**

NAME _____	_____	_____
STREET _____	_____	_____
CITY & STATE _____	_____	_____
PHONE NUMBER _____	_____	_____
FAX NUMBER _____	_____	_____
EMAIL ADDRESS _____	_____	_____

**TERMS OF CREDIT:** Purchases made are due in full within 15 days of invoice date. Tickets are invoiced at the first of the week following the date of sale. Finance charges are assessed to accounts with past due balances. Accounts are considered past due at the end of the month following the month of billing. Accounts with invoices that are over 60 days past due may be placed on hold. **We do not offer EXTENDED TERMS such as “Job Completion,” “Receipt of Estimate,” etc.**

**I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS AS STATED ABOVE. IF INDIVIDUAL APPLICANT OR GUARANTOR, I HEREBY AUTHORIZE PROCUREMENT OF A CONSUMER CREDIT REPORT FROM A CREDIT REPORTING AGENCY TO BE USED IN CONNECTION WITH THIS APPLICATION, IF DEEMED NECESSARY. IF CREDIT IS RECEIVED, THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS ONGOING AUTHORIZATION FOR YOU TO PROCURE CONSUMER REPORTS AT ANY TIME DURING MY CREDIT PERIOD. APPLICANT HEREBY AGREES TO ALLOW THE BANK REFERENCE AND CREDIT REFERENCES STATED ABOVE TO RELEASE INFORMATION ON MY ACCOUNT(S) TO MOBLEY CONCRETE COMPANY.**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

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FOR OFFICE USE ONLY

CREDIT APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ PLANT ASSIGNED \_\_\_\_\_ REVISED 5/14/2021