

**Pump-Crete, Inc. \* A & L Materials \* Pump-Crete, LLC \* Polk County Crushing, Inc.**

P. O. Box 248  
Auburndale, Florida 33823

863-551-0980 – Dispatch  
863-965-8056 – Fax

**APPLICATION AND AGREEMENT FOR CREDIT SALES**

NAME OF BUSINESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE/FAX \_\_\_\_\_ SHIPPING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

BUSINESS STRUCTURE: CORPORATION \_\_\_ PARTNERSHIP \_\_\_ PROPRIETORSHIP \_\_\_ TYPE OF BUSINESS \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ DATE BUSINESS ESTABLISHED: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ SALES VOLUME: \$ \_\_\_\_\_ /YR.

SALES TAX EMEMPTION: IN ORDER TO AVOID SALES TAX ON YOUR PURCHASES, A SIGNED TAX-EXEMPT CERTIFICATE MUST BE PROVIDED TO US EVERY YEAR

**PRINCIPLE OWNER(S) OFFICER(S) ARE:**

1. \_\_\_\_\_

FULL NAME	SOCIAL SECURITY #	TITLE
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HOME ADDRESS	DRIVERS LICENSE#
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HOME PHONE#	MOBILE#	PAGER#
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2. \_\_\_\_\_

FULL NAME	SOCIAL SECURITY #	TITLE
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HOME ADDRESS	DRIVERS LICENSE#
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HOME PHONE#	MOBILE#	PAGER#
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**BUSINESS/TRADE SUPPLIERS/BANKING**

NAME OF SUPPLIER	CITY/STATE	PHONE/FAX
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NAME OF SUPPLIER	CITY/STATE	PHONE/FAX
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NAME OF SUPPLIER	CITY/STATE	PHONE/FAX
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NAME OF SUPPLIER	CITY/STATE	PHONE/FAX
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NAME OF BANK	ADDRESS	PHONE/FAX
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TYPE OF ACCOUNT	ACCOUNT#	CONTACT PERSON
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