



Application for Open Account / Credit Agreement

Kasten Masonry Sales, Inc.
P.O. Box 468
Jackson, Missouri 63755
(573) 243-3591, Fax (573) 243-1030
Email: sales@kastenmasonry.net

(Please print clearly. Must be filled out in its entirety)

Individual or Company Name _____

Other Names Used _____

Street Address _____

City _____ State _____ Zip _____

Telephone (____) ____ - ____ Fax (____) ____ - ____ Email _____

Billing Address _____

Shipping to Address _____

Is this a (n): Individual _____ Partnership _____ Corporation _____

Tax Exemption Number # _____ Dunn and Bradstreet Number _____

Kind of Business _____ How long Established _____ year(s).

Name of Individual Responsible for payment _____

Position or Title _____

Home Address _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

Telephone number _____ - _____ - _____ Email Address _____

Have you ever filed for bankruptcy? Yes _____ No _____ Other _____

If Yes, was it; Personal _____ Corporate _____ Other _____ How long ago? _____ year(s)

Names and Titles of Persons Authorized to Place Orders on this account.



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Credit References

1. **Bank:** Name of Bank _____ Telephone number _____ - _____ - _____
Street Address _____ City _____
State _____ Zip _____ Contact person _____
Account # _____ Type of Account _____
Branch _____

***Please note: "Lowe's Inc." is no longer an acceptable Reference. ***

2. First Trade Reference

Name _____ Telephone number _____ - _____ - _____
Street Address _____ City _____
State _____ Zip _____ Contact person _____
Account # _____ Credit Limit _____
Fax Number _____ - _____ - _____

3. Second Trade Reference

Name _____ Telephone number _____ - _____ - _____
Street Address _____ City _____
State _____ Zip _____ Contact person _____
Account # _____ Credit Limit _____
Fax Number _____ - _____ - _____



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Terms

I (we) agree to the following terms:

1. That I (we) authorize credit information to be released from the above credit references.
2. That I (we) authorize a representative of Kasten Masonry Sales, Inc. to contact any and all persons or companies named above for verification of facts and payment of funds and to obtain all necessary credit reports on the individual and / or company listed above.
3. That I (we) agree that all charges are due by the 10th day of the following month.
4. That I (we) agree to pay our account within the terms set forth in this agreement in order to prevent termination of credit.
5. That I (we) will notify your company immediately of any and all changes in the facts above.
6. That I (we) agree to pay finance charge of 1 ½% per month (annual percentage rate of 18%) on any balance that is thirty (30) days old or older for all purchases.
7. That I (we) agree to pay all costs of collections, including, but not limited to, a reasonable attorney’s fee, collections fees, and court costs if any amount that is owed under this agreement is referred for collection to a collection agency or attorney.
8. That I (we) agree to the following:

This agreement shall be construed and interpreted according to the laws of the State of Missouri; That the execution of the agreement by both parties constitutes the transaction of business in the State of Missouri; that this agreement becomes effective when I (we) sign it and when it is accepted By Kasten Masonry Sale, Inc. and that such acceptance by Kasten Masonry Sales, Inc. constitutes the Making of a contract within the State of Missouri; that the venue for any action between the parties Shall be in the Circuit Court of Cape Girardeau County, Missouri or the United State District Court for The Eastern District of Missouri, Southeastern Division; that I (we) waive any objection to the Jurisdiction or venue in either of said courts and to the service of process by either of said courts.

Agreed To By _____
(Name of Corporation, Company or Individual)

Signed _____ Title _____

Date Signed ____ / ____ / 20____

(Office: Credit Agreement on Open Account Accepted and Agreed to by Kasten Masonry Sale, Inc.)

Signed _____ Title _____

Date Signed ____ / ____ / 20____



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Blanket of Certificate of Exemption

To: Kasten Masonry Sales, Inc.
P.O. Box 468
Jackson, Missouri 63755

Code # of Seller: 10119922

The undersigned hereby certifies that until further notice, all of the tangible personal property that is and which hereafter shall be purchased by him or her from the above named firm, shall be for purposes of resale as tangible personal property, and hereby assumes all liability for the collection and remittance of the Sales or Use Tax from the ultimate end user or consumer.

Company Name of Purchaser _____

Type of Business _____

Street Address _____

City _____ State _____ Zip _____

Code Number of Purchaser _____

Signed By _____

(Title)

Date Signed ____ / ____ / 20____

Month / Day / Year