

Garrott Brothers Continuous Mix, Inc.



Business Credit Application

Garrott Bros. Continuous Mix, Inc.  
 PO Box 419  
 375 Red River Road  
 Gallatin, TN 37066  
 615-452-2385 fax 615-452-8952

**NAME AND ADDRESS**

Business Name:		Federal I.D. #
Street Address:		Telephone #:
Mailing Address:		Fax #:
City:	State:	Zip:
A/P Contact:	A/P Phone:	Purchase Order Required : <input type="checkbox"/> Yes <input type="checkbox"/> No
How do you wish to receive invoices & statements: <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Both		
A/P E-Mail (Please Print):		
Legal Entity: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		

\*All applicants not incorporated must provide SS#

**OWNERS, OR OFFICERS OF CORPORATION-If more than one owner, all owners must sign.**

TITLE	NAME	HOME ADDRESS	SOCIAL SECURITY #

**NAME AND ADDRESS OF PRINCIPAL BANK**

Bank Name:	Bank Account #:
Address:	Telephone #:
City:	State: Zip:

**LIST FOUR CREDIT REFERENCES TO WHOM YOU HAVE SENT SUBSTANTIAL BUSINESS IN THE PAST YEAR**

NAME	ADDRESS	TELEPHONE #	Email
1)			
2)			
3)			
4)			

NOT SALES TAX EXEMPT  SALES TAX EXEMPT-ATTACH SALES TAX EXEMPTION CERTIFICATE

\*If your company requires a proof of insurance certificate from our company, please return request along with this application.

**GARROTT BROTHERS CONTINUOUS MIX, INC. CREDIT AGREEMENT**

The undersigned is applying for credit with **GARROTT BROTHERS CONTINUOUS MIX, INC.** (hereafter referred to as "**GARROTT**"). The undersigned certifies that the information contained in the Credit Application is true and correct and further agrees that any changes in ownership or officers, or form that the business operates as, shall be made known in writing and delivered to GARROTT. The undersigned authorizes **GARROTT** to investigate the credit record including the listed references and statements, and to report the performance of this agreement to any consumer reporting agency or other credit grantor.

The undersigned agrees that **GARROTT** shall retain a security interest in each item purchased, until it is fully paid for; may repossess any merchandise for which **GARROTT** has not been paid in full; may dispose of the merchandise at public or private sale, and hold the undersigned responsible for any unpaid balance of the account and may exercise all other rights and remedies of a secured party under the Tennessee Uniform Commercial Code and any other applicable laws. This security interest and right to repossession shall be in addition to any rights **GARROTT** has under the mechanic's and materialmen's lien statutes for materials incorporated in any improvements to real property.

A finance charge will be applied to all unpaid accounts. **GARROTT** calculates the finance charge on the account by applying the periodic rate of 1 ½% per month (ANNUAL PERCENTAGE RATE OF 18%) to the unpaid balance of my account (including current transactions). The finance charge shall not exceed legal limits.

Payments are not considered made until received by **GARROTT**. If payments are not received in a timely manner, all sums owed to **GARROTT** will immediately become due. If an account goes into default, collection of amounts owed may be pursued legally. If legal proceedings are required, the undersigned will be responsible for reasonable attorney's fees and court costs.

This agreement shall be governed by the laws of the State of Tennessee and any action to enforce same shall be field in Sumner County, Tennessee.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONAL GUARANTY**

The undersigned applicant(s), personally and unconditionally guarantees the prompt payment of all amounts due or to become due on the foregoing account, including costs and reasonable attorney's fees.

\_\_\_\_\_

**JOB INFORMATION SHEET**

Garrott Bros. Continuous Mix, Inc.  
PO Box 419  
375 Red River Road  
Gallatin, TN 37066  
615-452-2385 fax 615-452-8952

**Business Name:** \_\_\_\_\_

**A. Project Type:**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> One Building       |
| <input type="checkbox"/> Public  | <input type="checkbox"/> Multiple Buildings |
| <input type="checkbox"/> Federal | <input type="checkbox"/> New Const.         |
| <input type="checkbox"/> State   | <input type="checkbox"/> Improvement        |

**B. General Contractor/Owner/Awarding Authority**

Name: \_\_\_\_\_

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

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Surety Name: \_\_\_\_\_ Bond #: \_\_\_\_\_

**C. Job Physical Address**

Job Name: \_\_\_\_\_

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

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

Lot Number: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

**D. Entity Responsible For Payment of Materials**

Name: \_\_\_\_\_

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

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

E. Estimated Purchase Value for This Job \$ \_\_\_\_\_

**\*\*ALL INVOICES PAID BY CREDIT/DEBIT CARDS WILL BE CHARGED A 3% PROCESSING FEE IN ADDITION TO BID PRICE\*\***