

Credit Application must be completed in full and signed by an authorized person even if attaching references.

Knife River entities are listed on page 2

Applicant Information	Company Name			Tax ID/FEIN		Phone		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <small>Please Describe</small>
	Name of Individual or owner					FAX		
	Physical Address					Mobile		
	City		County		State	Zip		
	Mailing Address							
	City		County		State	Zip		
	Nature of Business			Date Started		Email Contact:		
	Contractor #			Type Of Material Intended To Purchase				
	Contractor's Bonding Agent			Licensing Bond #		Phone		
	Have you or any of your partners / officers / directors ever filed or participated in a bankruptcy filing? If so, what year? State					Name petitioner filed under		
Suppliers/Trade References	Name			Phone		Fax		<input type="checkbox"/> Tax Exempt <small>Please attach certificate</small>
	Address			City		State	Zip	
	Name			Phone		Fax		<input type="checkbox"/> PO Required <small>Check if yes</small>
	Address			City		State	Zip	
	Name			Phone		Fax		
	Address			City		State	Zip	
Banking References	Name			Account Number		Type (Checking, Savings, Loan)		
	Address			City		State	Zip	
	Name			Account Number		Type (Checking, Savings, Loan)		
	Address			City		State	Zip	
NAMES OF OWNERS, OFFICERS or PERSONS RESPONSIBLE FOR ACCOUNT:								
Name and Home Address			Title (If Corporation)			Social Security Number and Date of Birth		

By signing this credit application, I hereby certify that I am authorized to make application for credit for the above named corporation, partnership, proprietorship, or limited liability company, and I certify that the information set forth in this credit application is true.

I hereby authorize you, on behalf of those companies listed on page 2 (the "Companies"), to investigate and verify the credit record of the applicant, and authorize you to furnish information concerning this account with the Companies to credit reporting agencies or others who are entitled to receive such information. I hereby authorize you to use a non-business consumer credit report in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as requested by this credit application. I hereby authorize you to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in the 15 U.S.C. § 1681 et seq.

By signing this credit application, we are requesting the Companies to provide credit to the applicant. In return, when not otherwise governed by the terms of a specific contract, the applicant agrees to pay the amounts due in full within the terms approved. All invoices are due for payment by the 10th of the month following the month in which the purchase was made. All payments will be applied to oldest balances first, unless instructed otherwise. A finance charge of 1.5 percent per month (18 percent per annum) or a minimum of \$1 shall be paid on all invoice amounts not paid when due. The applicant understands that this is an open credit sale, and applicant agrees to pay finance charges. The applicant further agrees to pay all collection costs, including reasonable attorney fees, incurred in the collection of any unpaid amounts or resulting from litigation or other dispute resolution procedure related to transactions arising pursuant to this credit application. The applicant agrees that this document and the sales and transactions between the parties, including any and all of the Companies, shall be governed by the laws of the State of Oregon. The applicant further agrees that any litigation or other dispute resolution relative to amounts due by applicant shall be venued in Linn County. Applicant agrees to pay any charges incurred for a returned check.

Knife River Entities (The Companies)

	<u>Address</u>	<u>Phone</u>	<u>Email</u>
Knife River Corporation - Northwest dba Knife River OR CCB # 2101 - WA CCB # KNIFERC909DN	32260 Old Hwy 34 Tangent, OR 97389	541-918-5134	KRNWAR@KnifeRiver.com
Knife River Corporation - Northwest dba Knife River OR CCB # 2101 -CA CSLB # 1020030	PO Box 4430 Medford, OR 97501	541-732-2750	KRNWAR@KnifeRiver.com
LTM Incorporated dba Knife River Materials an MDU Resources Company OR CCB # 56603 - CA CSLB # 567735	PO Box 1145 Medford, OR 97501	541-732-2750	KRNWAR@KnifeRiver.com
Central Oregon Redi-Mix LLC dba Knife River an MDU Resources Company	32260 Old Hwy 34 Tangent, OR 97389	541-918-5134	KRNWAR@KnifeRiver.com

I agree to indemnify, hold harmless and defend the Companies, their successors, or assigns from any and all causes of action of any kind arising out of the actions or omissions of applicant – including the acts and omissions of applicant employees, officers, directors, subsidiaries, affiliates, partners, owners, subcontractors, successors, assigns, and agents. The applicant further agrees that the Companies are not obligated and will not be obligated to indemnify the applicant – including applicant employees, officers, directors, subsidiaries, affiliates, partners, owners, subcontractors, successors, assigns, and agents – for any action or omission of applicant or otherwise.

No cancellation accepted after materials have been loaded in carrier's truck at our plant. In the event of delivery beyond curb line, the delivery company will not assume liability for damage to sidewalk, driveway, or other property.

Applicant			
	Signature	Typed (or Printed) Name	Title (If Corporation or LLC)
			Date
Signature	Typed (or Printed) Name	Title (If Corporation or LLC)	Date

PERSONAL GUARANTEE

The undersigned individuals hereby personally guarantees to all Knife River entities listed on this credit application, their successors, assigns, and heirs, the full and prompt payment of all indebtedness incurred under this credit application. This applies to any previous unpaid balances and all future purchases.

It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity to all Knife River entities listed in this credit application. I do hereby waive notice of default, nonpayment and notice thereof and agree to pay all costs, including attorney's fees, which may be incurred in the collection of any unpaid amount.

Guarantor(s)			
	Name	Address, City, State, ZIP	Date of Birth
	Home/Business Phone	Mobile Phone	
	Signature	Social Security Number	Date
	Name	Address, City, State, ZIP	Date of Birth
	Home/Business Phone	Mobile Phone	
	Signature	Social Security Number	Date

Knife River Use	To be completed by Credit Department	
	Approval signature	A/C