

# KNIFE RIVER

AN MDU RESOURCES COMPANY

1100 Briarcrest  
Bryan, Texas 77802  
(979) 361.2942  
Website: [Kniferiver.com](http://Kniferiver.com)

P.O. Box 674  
Bryan, Texas 77806  
Fax (979) 361.2962

## APPLICATION FOR CREDIT

Submittal Date: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Mobile# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Ownership: **Select one** ( ) Corporation ( ) Individual ( ) Partnership ( ) Limited Partnership ( ) \_\_\_\_\_

Social Sec/Fed I.D. # \_\_\_\_\_ Company Web Address: \_\_\_\_\_

AP Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Principal owner(s) or officer(s) are:

Complete Name	Title	Physical Resident Address, City, State	Resident Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date this business commenced \_\_\_\_\_ No of Employees \_\_\_\_\_ Annual Volume \_\_\_\_\_

Taxable? \_\_\_\_\_ Sales Tax Exempt No \_\_\_\_\_ Contractors License # \_\_\_\_\_ State \_\_\_\_\_  
(If exempt, a copy of exemption certification required with this Application)

Purchase Orders required? \_\_\_\_\_ Issued by Whom? \_\_\_\_\_

### Recent Trade References (*Material Suppliers*)

_____	Phone # (____)	Email _____
_____	Phone # (____)	Email _____
_____	Phone # (____)	Email _____
_____	Phone # (____)	Email _____

### Banking information

\_\_\_\_\_ Account # \_\_\_\_\_ Email of officer: \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_ Email of officer: \_\_\_\_\_

**Knife River Sale and Payment Terms**

The undersigned purchaser agrees to pay according to the terms of Knife River Corp, which are:

**Due 30 days after invoice date.** Job name required on all charge orders. Accounts past due will be placed on a temporary hold status until payment arrangements are confirmed and approved by the credit manager.

Will firm submit a financial statement upon request? ( ) Yes ( ) No

Amount of credit needed monthly: \_\_\_\_\_

The information furnished to you on this Application is true and correct and is for the sole purpose of obtaining credit from your Firm. I am (we are) authorized in my (our) capacity to bind my (our) firm for any and all credit which you extend to us. I (We) authorized the above-listed references to release financial information and credit reports to Knife River. I (We) authorize Knife River to seek information regarding my creditworthiness from any source. It is further agreed and understood that all accounts or monies due Knife River shall be due and payable at its office in Waco, Texas: that all past due accounts shall bear interest at the rate of 18% per annum from the respective dates of delinquency. If the account is placed with an attorney for collection, the debtor and (its) guarantors, if any, are liable for the principal amount owed on debtor's account, pre-judgment interest, all reasonable attorney's fees, and cost incurred in the collection of the indebtedness. I (We) agree to pay interest at 18% per annum on all invoices not paid within terms. If any legal proceedings are brought to enforce the provisions of this Application, it is expressly agreed by the parties that venue shall be in McLennan County, Texas. In signing this Credit Application, I (we) do so with the understanding that Knife River is relying on the information contained herein, and I (we) agree to pay all purchases according to the above terms. In consideration of the extension of the required credit line, the undersigned unconditionally guarantees the payments of all sums due Knife River on such account. This Personal Guaranty will apply to any renewals, modifications or extensions. This shall include, but is not limited to, the principle amount owed, pre-judgment interest at the rate of 18% per annum, attorney's fees, and court cost incurred if the account is not paid in full within the terms stated. The undersigned hereby consents(s) to Knife River's use of non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietors(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Knife River 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 to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

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

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

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

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

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

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

Social Security: \_\_\_\_\_

Social Security: \_\_\_\_\_

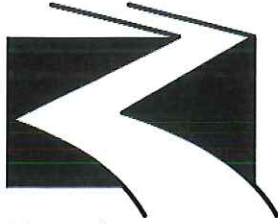
Date: \_\_\_\_\_

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

**SIGNATURE(S) REQUIRED RETURN ORIGINAL TO:**

**CREDIT DEPARTMENT**  
**JUANITA.BROWN@KNIFERIVER.COM**  
**OR EFAX @ (979) 361.2962**

SALES REP: \_\_\_\_\_



# KNIFE RIVER

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1100 Briarcrest  
Bryan, Texas 77802  
(979) 361.2942 Direct Line

P.O. Box 674  
Bryan, Texas 77806  
(979) 361.2962 Fax

## CREDIT REFERENCE CONSENT FORM

It is often difficult to obtain credit information unless the applicant has given permission to his suppliers to release this information. Therefore, in order to proceed with your credit evaluation, please complete this Credit Reference Consent Form.

Your cooperation is greatly appreciated.

Consent Statement:

By signing below, I give my permission for my references to furnish credit information to Knife River.

Company: \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Representative)

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

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

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

Knife River- South Corp  
**Credit Fax: (979) 361.2962**

Our customer: \_\_\_\_\_

## JOB DATA SHEET

In order to further process your recent request for credit accommodation, please complete the following information in full and return with your application for credit. Pursuant to Section 53.159(a) of the Texas Property Code, please furnish this information within ten (10) days of receipt of this request.

Project or Job Name:	_____
Exact job address:	_____
County where job is:	_____

### 1) Property Owner(s) for job listed above

Name	_____
Address	_____
City, State Zip	_____
Area Code + Phone	_____

### 2) Prime Contractor for job listed above

Name	_____
Address	_____
City, State Zip	_____
Area Code + Phone	_____

### 3) List Sub-Contractor for \_\_\_\_\_ (type of work performed)

Name	_____
Address	_____
City, State Zip	_____
Area Code + Phone	_____

### 4) Surety for job listed above (if applicable)

IS THIS A STATE (OR) FEDERAL CONTRACT? (circle one)

Name	_____
Address	_____
City, State Zip	_____
Area Code + Phone	_____
Bond #	_____

\*Attach copy of the General Contractors Bond Surety

Is this a Homestead Property? YES (OR) NO (circle one)

IF YES: Attach copy of General Contractor written agreement containing "Homestead Warning" per Texas Property Code 53.255. Must be signed by owner and if married both spouses must have signed.

*Thank you in advance for your cooperation and choosing Knife River as one of your suppliers.*