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## CASH APPLICATION - BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name:		Company Start Date:	
Phone:	Fax:	Web Address:	
Company address:			
City:		State:	ZIP Code:
Business Type (select one):	Sole Proprietorship	Partnership	Corporation      LLC
Sales Tax Status (select one):	Taxable	Exempt	<b>If Exempt, attach ST-3</b>
COMPANY CONTACTS			
Owner/Officer:			
SS #:	DOB:	E-mail:	
Home address:		Home Phone:	
City:		State:	ZIP Code:
Additional Owner/Officer: Submit name(s) and contact information separately and sign below			
Job Site contact:		Phone:	Email:
Job Site contact:		Phone:	Email:
CERTIFICATION			
<p>I certify that all statements made in this application are correct to my knowledge. This application shall remain Marshall Concrete Products, Inc.'s property whether or not it is accepted and approved. I acknowledge that all payments are due at the time of delivery. In the case of defaulted payment, the undersigned further agrees to pay all interest that may accrue on the amount together with reasonable attorney's fees and cost of collection.</p>			
Signature: _____		Date: _____	
Print Name: _____			
PREFERRED PAYMENT METHOD			
<p>Payment by Cash or Check      <b>(to be provided at time of job site delivery)</b></p>			
<p>Payment by Credit or Debit Card      <b>(to be provided at time of sale)</b></p>			
<p>Payment by Credit or Debit Card on File      <b>(enter information and sign below)</b></p>			
<p>Card Number _____</p>			
<p>Expiration Date ____/____      CVV Code (3 digits on back of card) _____</p>			
<p>Name on Card _____</p>			
<p>Card Billing Address _____</p>			
<p>City, State, Zip Code _____</p>			
<p>I authorize Marshall Concrete Products, Inc., to use my credit or debit card for payment of all goods and/or services provided whenever payment is not provided at the time of purchase or job site delivery. Cardholder information is to be retained on file by Marshall Concrete Products, Inc.</p>			
Signature: _____		Date: _____	
Print Name: _____			