

# DOLESE

20 N.W. 13<sup>TH</sup> STREET • P.O. BOX 677 • OKLAHOMA CITY, OKLAHOMA 73101  
 PHONE (405) 235-2311 • FAX NUMBER (405) 297-8236

## CREDIT APPLICATION

### PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH YOUR CREDIT APPLICATION

CONTACT NAME: \_\_\_\_\_

FULL LEGAL COMPANY NAME: \_\_\_\_\_

TYPE AND QUANTITY OF MATERIAL: \_\_\_\_\_

TYPE OF JOB – PLEASE SELECT: \_\_\_\_\_

RESIDENTIAL JOB: \_\_\_\_\_

COMMERCIAL JOB: \_\_\_\_\_

PUBLIC JOB: \_\_\_\_\_

GOVERNMENT JOB: \_\_\_\_\_

NEW CONSTRUCTION: \_\_\_\_\_

RENOVATION: \_\_\_\_\_

JOB ADDRESS INCLUDING CITY AND STATE: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

WHO IS THE GENERAL CONTRACTOR: \_\_\_\_\_

DO YOU HAVE A CONSTRUCTION LOAN? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

IS THIS A BONDED JOB? \_\_\_\_\_

BONDING AGENT OR SURETY CO: \_\_\_\_\_

TAX EXEMPT?

YES IF YES, ATTACH EXEMPTION CERTIFICATE

NO IF NO, INDICATE TAX JURISDICTION

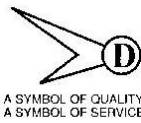
WHEN NEEDED: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY – PLEASE PRINT**

**Credit Application and Agreement**

Legal Name of Individual or Entity – Include Trade Name (if different)		Length of Time in Business	Type of Business or Occupation	
Phone:		Fax:	Mobile:	
Person to contact about Account:		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Address (mailing)	City	State	Zip	
Address (street)	City	State	Zip	
<b>NAMES OF OWNERS, OFFICERS OR MEMBERS</b>				
Owner/Partner/President/Member	Address, City, State, Zip	Res. Phone (      )		
		SS#		
Partner/Vice President/Member	Address, City, State, Zip	Res. Phone (      )		
		SS#		
Partner/Secretary/Treasurer/Member	Address, City, State, Zip	Res. Phone (      )		
		SS#		

Have any of the officers, partners, or owners ever filed Bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes Who:		When:
Have you done business under any other name in the past 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes Name:		
Bank Reference	Address, City, State, Zip	Phone ( )	Bank Officer
Account Number			
Interim Finance Source-Bldg. Funds	Address, City, State, Zip	Phone ( )	Person to Contact
<b>Type and Quantity of Material Needed</b>			
<b>Address and Legal Description of Building Site – (Be Specific)</b>			
Name of Bonding Agency	Address, City, State, Zip	Phone ( )	Name of Bonding Agent

**CREDIT REFERENCES**

Name #1 Account Number	Address	City	State	Phone ( )
Name #2 Account Number	Address	City	State	Phone ( )
Name #3 Account Number	Address	City	State	Phone ( )
Name #4 Account Number	Address	City	State	Phone ( )

**Signature required on last page of Application**

**INDIVIDUAL PERSONAL GUARANTY  
MUST BE SIGNED BY PARTNERSHIPS, LIMITED  
LIABILITY COMPANIES AND CORPORATIONS.**

PLEASE ATTACH A COPY OF MOST RECENT FINANCIAL STATEMENT

Form 102-A, Rev. 06/08

(For Office use only)
Dolese Sales Representative
Quantity and Type Material Sold
Point of Sale

