

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"/> Credit Line Requested \$
	Address			City		State		Zip		
	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		
Banking References	Name			Account Number			Type (Checking, Savings, Loan)			
	Address			City		State		Zip Phone		
	Name			Account Number			Type (Checking, Savings, Loan)			
	Address			City		State		Zip Phone		
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 your company(s) and its representatives to investigate and verify the credit record of the applicant, and authorize your company(s) to furnish information concerning this account with your company(s) to credit reporting agencies or others who are entitled to receive such information.

I hereby authorize your company(s) and its representatives 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 your company(s) and its representatives 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 your company(s) 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 shall be governed by the laws of the State of Oregon. The applicant further agrees that any litigation or other dispute resolution relative to transactions or amounts due by applicant shall be venued in Linn County. Applicant agrees to pay any charges incurred for a returned check.

PLEASE CHECK THE ENTITY BELOW TO WHICH YOU ARE APPLYING FOR CREDIT

	<u>Knife River Entities</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>
	Knife River Corporation - Northwest OR CCB # 2101 - WA # MORSEB1169BR	32260 Old Hwy 34 Tangent, OR 97389	541-918-5134	541-918-5376
	Knife River Corporation - Northwest OR CCB # 2101	PO Box 4430 Medford, OR 97501	541-732-2750	541-774-4113
	Knife River Materials OR CCB # 56603 - CA CSLB # 567735	PO Box 1145 Medford, OR 97501	541-732-2750	541-774-4113
	Central Oregon Redi-Mix LLC	32260 Old Hwy 34 Tangent, OR 97389	541-918-5134	541-918-5376

I agree to indemnify, hold harmless and defend Knife River, its 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 Knife River is 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, this 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
Applicant				
	Signature	Typed (or Printed) Name	Title (If Corporation or LLC)	Date

PERSONAL GUARANTEE

The undersigned individuals hereby personally guarantees to the Knife River entities listed on this credit application, its 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 the 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	