



KNIFE RIVER

AN MDU RESOURCES COMPANY

6310 Highway 21 West
Bryan, Texas 77807
(979) 361.2942

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

APPLICATION FOR CREDIT

Submittal Date: _____

Trade Name: _____ Phone: _____ Mobile# _____

Legal Name: _____ Fax: _____

Mailing Address: _____

Physical Address: _____

Ownership: () 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	Resident Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date this business commenced _____ No of Employees _____ Annual Volume _____

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

Purchase Orders required? _____ Issued by Whom? _____

Recent Trade References:

_____	Phone # (____)	Fax # (____)
_____	Phone # (____)	Fax # (____)
_____	Phone # (____)	Fax # (____)
_____	Phone # (____)	Fax # (____)

Name of Bank	Account Numbers (s)	Phone
_____	_____	_____
_____	_____	_____

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 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