

Credit Application Agreement

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Instructions: Complete all the information requested below, sign, and return this form. Attachments with relevant information will be accepted. Please allow up to 10 business days for processing. Forms without signature and/or missing information will not be accepted and/or may delay processing.

Applicant agrees that in consideration for the extension of credit to Applicant by Magic Valley Concrete, LLC from here after referred to as "Company"; Applicant agrees to abide by the terms of sale and delivery as specified on the quote and/or delivery ticket. In addition, Applicant agrees to pay the amount owed for products and services rendered on or before the Payment Due Date. The Companies, will attempt to provide Applicant before the Payment Due Date with a statement showing the amount owed. However, failure on behalf of the Companies to provide such a statement does not alter Applicant's obligation to pay the amount owed for the products and services rendered on or before the Payment Due Date. If Applicant fails to pay the amount owed on or before the Payment Due date, Applicant agrees to pay interest on the amount owed at the amount of 18% per annum, or 1.5% per month commencing the day after the Payment Due Date, and continuing until the amount owed is paid in full. In the event of default, and if this account is turned over to an agency or attorney for collection, the under signed agrees to pay all reasonable fees or cost of collections whether or not suit is filed.

All invoices are payable by mail to:

Corporate Office
3609 W Palma Vista Drive
Palmview, TX 78572

Reference:
Magic Valley Concrete, LLC

Applicant authorizes named bank and trade references to disclose to the Company the credit history that Applicant has with such named references.

SIGNED this _____ day of _____, _____

Applicant's Signature

(Applicant must provide proof of signature such as a copy of a valid photo id)

Applicant Information

Name:		Credit Limit Requested:	
Address:	City:	State:	Zip:
<i>If less than one year at current address, include a previous address</i>			
Address:	City:	State:	Zip:
Phone:	Cell:	Fax:	Email:

Type of Business (check all that apply)

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other Explain:

☐ General Contractor ☐ Sub-Contractor ☐ Other Explain :

Business Information

Business Name:		Contractor's State License #	
Address:	City:	State:	Zip:
Owner's Name:	SSN:		
DOB:	Driver's License No.	State:	Expiration:
Date Opened:	Net Worth:	Annual Sales:	Number of Employees:
Federal ID No.	Invoice Receivers name phone & Email: Applicants name phone & Email:		

***** IMPORTANT *** Tax Exempt Form is required for each project or you will be liable to pay taxes for that project.**

Credit Application Agreement

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Bank References (Fill in below or attach information if necessary)

Name:	Account No.				
Address:	City:	State:	Zip:		
Contact Person:	Email:				
Phone:	Fax:				
Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Other	(check all that apply)

Trade References (Provide at least 3 references with similar credit lines of the amount requested. Complete all fields.)

Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		



CAPA Form: CREDITAGREEMENT (Rev. 2024.1VH)

Magic Valley Concrete, LLC
Sales & Corporate Offices
3609 W Palma Vista Dr, Palmview, TX 78572
Main Phone: 956-580-2502 Fax 956-583-2086
Sales Email: sales@capatexas.com
Web: www.capatexas.com

Credit Application Agreement

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CONTINUING INDIVIDUAL GUARANTY

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and in consideration of credit given from time to time to Customer by Magic Valley Concrete, LLC the undersigned does hereby, jointly and severally, guarantee the full and prompt payment to Magic Valley Concrete, LLC of all present and future indebtedness of Customer, and the undersigned further agrees to pay all costs and fees as set forth above. This is a continuing, absolute and unconditional Guaranty and shall continue in force with respect to all indebtedness of Customer. The undersigned expressly waives any requirement of prior judgment, notice, demand, or other collection attempts against Customer. This Guaranty shall be binding upon the heirs, executors, administrators, successors and assigns of the undersigned and shall insure to and may be enforced by Magic Valley Concrete, LLC its successors and assigns, or by any person or entity to whom all or any part of said indebtedness may be sold or transferred.

PAYMENT TERMS: Invoices due the 10th of the following month from invoice date.

SIGNED this _____ day of _____, _____

Applicant's Signature

Fax completed form and any accompanying document(s) to: (956) 583-2086 or Email: sales@capatexas.com

Approved by authorized agent: _____

Approve Date: ____/____/____

**MAGIC VALLEY
CONCRETE, LLC**



® EST. 1984

Magic Valley Concrete, LLC

Sales & Corporate Offices

3609 W Palma Vista Dr, Palmview, TX 78572

Main Phone: (956) 580-2502 | Sales Fax: 956-583.2086

Sales Email: sales@capatexas.com

Web: www.capatexas.com

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Instructions:

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Applicant agrees that in consideration for the extension of credit to Applicant by Rio Valley Pipe, LLC from here after referred to as "Company"; Applicant agrees to abide by the terms of sale and delivery as specified on the quote and/or delivery ticket. In addition, Applicant agrees to pay the amount owed for products and services rendered on or before the Payment Due Date. The Companies, will attempt to provide Applicant before the Payment Due Date with a statement showing the amount owed. However, failure on behalf of the Companies to provide such a statement does not alter Applicant's obligation to pay the amount owed for the products and services rendered on or before the Payment Due Date. If Applicant fails to pay the amount owed on or before the Payment Due date, Applicant agrees to pay interest on the amount owed at the amount of 18% per annum, or 1.5% per month commencing the day after the Payment Due Date, and continuing until the amount owed is paid in full. In the event of default, and if this account is turned over to an agency or attorney for collection, the under signed agrees to pay all reasonable fees or cost of collections whether or not suit is filed.

All invoices are payable by mail to:

Corporate Office
3609 W Palma Vista Drive
Palmview, TX 78572

Reference:
Rio Valley Pipe, LLC

Applicant authorizes named bank and trade references to disclose to the Company the credit history that Applicant has with such named references.

SIGNED this _____ day of _____, _____

Applicant's Signature

(Applicant must provide proof of signature such as a copy of a valid photo id)

Applicant Information

Name:		Credit Limit Requested:	
Address:	City:	State:	Zip:
<i>If less than one year at current address, include a previous address</i>			
Address:	City:	State:	Zip:
Phone:	Cell:	Fax:	Email:

Type of Business (check all that apply)

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other Explain:
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Sub-Contractor	<input type="checkbox"/> Other Explain:	

Business Information

Business Name:		Contractor's State License #	
Address:	City:	State:	Zip:
Owner's Name:	SSN:		
DOB:	Driver's License No.	State:	Expiration:
Date Opened:	Net Worth:	Annual Sales:	Number of Employees:
Federal ID No.	Invoice Receivers name phone & Email: Applicants name phone & Email:		

*** IMPORTANT *** Tax Exempt Form is required for each project or you will be liable to pay taxes for that project.

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Bank References (Fill in below or attach information if necessary)

Name:	Account No.				
Address:	City:	State:	Zip:		
Contact Person:	Email:				
Phone:	Fax:				
Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Other	(check all that apply)

Trade References (Provide at least 3 references with similar credit lines of the amount requested. Complete all fields.)

Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		



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CONTINUING INDIVIDUAL GUARANTY

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and in consideration of credit given from time to time to Customer by Rio Valley Pipe, LLC the undersigned does hereby, jointly and severally, guarantee the full and prompt payment to Rio Valley Pipe, LLC of all present and future indebtedness of Customer, and the undersigned further agrees to pay all costs and fees as set forth above. This is a continuing, absolute and unconditional Guaranty and shall continue in force with respect to all indebtedness of Customer. The undersigned expressly waives any requirement of prior judgment, notice, demand, or other collection attempts against Customer. This Guaranty shall be binding upon the heirs, executors, administrators, successors and assigns of the undersigned and shall insure to and may be enforced by Rio Valley Pipe, LLC its successors and assigns, or by any person or entity to whom all or any part of said indebtedness may be sold or transferred.

PAYMENT TERMS: Invoices due the 10th of the following month from invoice date.

SIGNED this _____ day of _____, _____

Applicant's Signature

Fax completed form and any accompanying document(s) to: (956) 583-2086 or Email: sales@capatexas.com

Approved by authorized agent: _____

Approve Date: ____/____/____



Rio Valley Pipe, LLC

Sales & Corporate Offices

3609 W Palma Vista Dr, Palmview, TX 78572

Main Phone: (956) 580-2502 | Sales Fax: 956-583.2086

Sales Email: sales@capatexas.com

Web: www.capatexas.com

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Instructions:

Complete all the information requested below, sign, and return this form. Attachments with relevant information will be accepted. Please allow up to 10 business days for processing. Forms without signature and/or missing information will not be accepted and/or may delay processing.

Applicant agrees that in consideration for the extension of credit to Applicant by Upper Valley Materials, LLC from here after referred to as "Company"; Applicant agrees to abide by the terms of sale and delivery as specified on the quote and/or delivery ticket. In addition, Applicant agrees to pay the amount owed for products and services rendered on or before the Payment DueDate. The Companies, will attempt to provide Applicant before the Payment Due Date with a statement showing the amount owed. However, failure on behalf of the Companies to provide such a statement does not alter Applicant's obligation to pay the amount owed for the products and services rendered on or before the Payment DueDate. If Applicant fails to pay the amount owed on or before the Payment Due date, Applicant agrees to pay interest on the amount owed at the amount of 18% per annum, or 1.5% per month commencing the day after the Payment Due Date, and continuing until the amount owed is paid in full. In the event of default, and if this account is turned over to an agency or attorney for collection, the under signed agrees to pay all reasonable fees or cost of collections whether or not suit is filed.

All invoices are payable by mail to:

Corporate Office
3609 W Palma Vista Drive
Palmview, TX 78572

Reference:
Upper Valley Materials, LLC

Applicant authorizes named bank and trade references to disclose to the Company the credit history that Applicant has with such named references.

SIGNED this _____ day of _____, _____

Applicant's Signature

(Applicant must provide proof of signature such as a copy of a valid photo id)

Applicant Information

Name:		Credit Limit Requested:	
Address:	City:	State:	Zip:
If less than one year at current address, include a previous address			
Address:	City:	State:	Zip:
Phone:	Cell:	Fax:	Email:

Type of Business (check all that apply)

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other Explain:

☐ General Contractor ☐ Sub-Contractor ☐ Other Explain:

Business Information

Business Name:		Contractor's State License #	
Address:	City:	State:	Zip:
Owner's Name:	SSN:		
DOB:	Driver's License No.	State:	Expiration:
Date Opened:	Net Worth:	Annual Sales:	Number of Employees:
Federal ID No.	Invoice Receivers name phone & Email: Applicants name phone & Email:		

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Bank References (Fill in below or attach information if necessary)

Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Other (check all that apply)		

Trade References (Provide at least 3 references with similar credit lines of the amount requested. Complete all fields.)

Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		



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CONTINUING INDIVIDUAL GUARANTY

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and in consideration of credit given from time to time to Customer by Upper Valley Materials, LLC the undersigned does hereby, jointly and severally, guarantee the full and prompt payment to Upper Valley Materials, LLC of all present and future indebtedness of Customer, and the undersigned further agrees to pay all costs and fees as set forth above. This is a continuing, absolute and unconditional Guaranty and shall continue in force with respect to all indebtedness of Customer. The undersigned expressly waives any requirement of prior judgment, notice, demand, or other collection attempts against Customer. This Guaranty shall be binding upon the heirs, executors, administrators, successors and assigns of the undersigned and shall insure to and may be enforced by Upper Valley Materials, LLC its successors and assigns, or by any person or entity to whom all or any part of said indebtedness may be sold or transferred.

PAYMENT TERMS: Invoices due the 10th of the following month from invoice date.

SIGNED this _____ day of _____, _____

Applicant's Signature

Fax completed form and any accompanying document(s) to: (956) 583-2086 or Email: sales@capatexas.com

Approved by authorized agent: _____

Approve Date: ____/____/____



Upper Valley Materials, LLC
Sales & Corporate Offices
3609 W Palma Vista Dr, Palmview, TX 78572
Main Phone: (956) 580-2502 | Sales Fax: 956-583.2086
Sales Email: sales@capatexas.com
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Palmview, TX 78572

Reference:
Valley Concrete Pumps, LLC

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Name:		Credit Limit Requested:	
Address:	City:	State:	Zip:
<i>If less than one year at current address, include a previous address</i>			
Address:	City:	State:	Zip:
Phone:	Cell:	Fax:	Email:

Type of Business (check all that apply)

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other Explain:

☐ General Contractor ☐ Sub-Contractor ☐ Other Explain:

Business Information

Business Name:		Contractor's State License #	
Address:	City:	State:	Zip:
Owner's Name:	SSN:		
DOB:	Driver's License No.	State:	Expiration:
Date Opened:	Net Worth:	Annual Sales:	Number of Employees:
Federal ID No.	Invoice Receivers name phone & Email: Applicants name phone & Email:		

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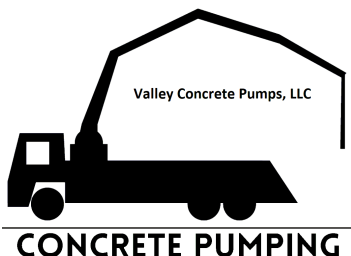
- 2 -

Bank References (Fill in below or attach information if necessary)

Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Other (check all that apply)		

Trade References (Provide at least 3 references with similar credit lines of the amount requested. Complete all fields.)

Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		
Name:	Account No.		
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		



Valley Concrete Pumps, LLC

Sales & Corporate Offices

3609 W Palma Vista Dr, Palmview, TX 78572

Main Phone: 956-580-2502 Fax 956-583-2086

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Credit Application Agreement

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CONTINUING INDIVIDUAL GUARANTY

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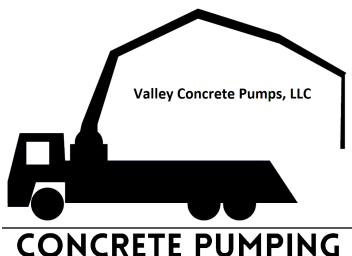
SIGNED this _____ day of _____, _____

Applicant's Signature

Fax completed form and any accompanying document(s) to: (956) 583-2086 or Email: sales@capatexas.com

Approved by authorized agent: _____

Approve Date: ____/____/____



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