

## CREDIT APPLICATION

Company Information Full Legal Name/Business Entity Phone # Fax Doing Business as (DBA) Billing Address City State Zip Company Type: ☐ Proprietorship ☐ Partnership ☐ Franchise ☐ Corporation No. of Employees Year Business Established Annual Sales Type of Business Federal Tax ID State of Incorporation DUNS NUMBER: E-Mail Address: Website: 2. Owner Information Full Name (including middle initial) Title Social Security # Home Address City State Zip Phone # 3. Bank References Bank Name Account Number Contact Address City Phone # State Zip Fax# Number of years doing business with this Company 4. Trade References Please include fax number Company Name Contact Address City Zip Phone # State Fax# Number of years doing business with this Company Company Name Contact Address Phone # City State Zip Fax# Number of years doing business with this Company Company Name Contact Phone # Address City State Zip Fax# Number of years doing business with this Company

## 5. GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

- 1. Net 30 days.
- 2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit dept.
- 3. **PERSONAL GUARANTEE:** If the credit customer is a corporation, LLP or LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the entity.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature:	Date:	
Printed name	Title:	
We are requesting credit in the amount of \$		
For fast credit approval, please email to:		

Or Return to:

NORTHERN AGGREGATES LLC 1311 SALT SPRINGS RD MINERAL RIDGE, OH 44446

Hothead550@aol.com