



# CREDIT APPLICATION AND AGREEMENT

Please Print

## IDENTIFICATION INFORMATION

Legal Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address if Different \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Is this Application for a:

Personal Account  Partnership  Sole Proprietorship  Corporation

Trade Name (if different from legal name. ie: operating as) \_\_\_\_\_

Tel Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Year Business Started \_\_\_\_\_

Nature of Business \_\_\_\_\_ FEIN or SS# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please list all Principals of this Company: If you have more than three Principals, please enter information on a second page

## Principals Name and Title Home Address Home Phone

\_\_\_\_\_  
\_\_\_\_\_

## BANKING INFORMATION

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Account \_\_\_\_\_

Telephone Number \_\_\_\_\_

## ADDITIONAL INFORMATION

Product Required \_\_\_\_\_

Product Safety Data Sheets (SDSs) are available on our website: WWW.COUCHAGGREGATES.COM

Do you Issue Purchase Orders? Yes  No

Does your Company have Bonding? Yes  No

Is your Company Tax Exempt? Yes  No

## E-INVOICE ENROLLMENT

\*Email \_\_\_\_\_

A/P Contact \_\_\_\_\_ Tel Number \_\_\_\_\_ Email \_\_\_\_\_

### For Office Use

Approved \_\_\_\_\_

Limit \_\_\_\_\_

Account # \_\_\_\_\_

Date \_\_\_\_\_

Type \_\_\_\_\_

Location \_\_\_\_\_

## PLEASE LIST 4 TRADE REFERENCES

Company Name \_\_\_\_\_ Tel Number \_\_\_\_\_

Company Name \_\_\_\_\_ Tel Number \_\_\_\_\_

Company Name \_\_\_\_\_ Tel Number \_\_\_\_\_

Company Name \_\_\_\_\_ Tel Number \_\_\_\_\_

Amount of Credit Required: \$ \_\_\_\_\_

Plant Location \_\_\_\_\_ Date Required \_\_\_\_\_

Project Name / Location \_\_\_\_\_

Is Credit Required for a special project? Yes  No

If Yes, Name of Bonding Company \_\_\_\_\_

If Yes, Please attach a copy of Tax Exemption to the Application

\*Note: It is the responsibility of the applicant to notify changes to all email addresses. The Applicant is responsible for all balances on the account.

In consideration of open account terms with Couch Aggregates, LLC. (hereafter referred to as Creditor) the undersigned applicant agrees to all terms and conditions as set forth within these provisions. This application and information contained herein is a request for the extension of credit. The applicant authorized Creditor to obtain a written or oral credit report from any credit reporting agency. The applicant authorizes any bank or commercial business with whom the applicant has current or inactive experience to give any necessary information to Creditor which will assist Creditor in the credit investigation. The applicant further authorizes Creditor to reinvestigate the applicant's credit status from time to time as Creditor deems necessary and should Creditor upon such investigation deem it necessary to limit or terminate the credit arrangement with applicant, said applicant will be notified. Should applicant deviate from Creditor's terms of sale, Creditor reserves the right to terminate future extension of credit with applicant.

By signing this application and contract, applicant acknowledges that he/she has read and understands the terms of sale of Couch Aggregates. The standard terms of sale are net 25 days, unless otherwise stated. Overdue accounts are subject to interest at a rate of 2% per month, 24% per annum. In the event this account becomes delinquent and is placed for collection, applicant agrees to reimburse, indemnify and pay seller all reasonable costs, expenses and/or collection fees incurred in the collection of the aforementioned delinquency. We may impose a returned check fee if any check or other instrument sent to us in payment is returned to us as unpaid.

Thank You for Choosing Couch Aggregates - Please ensure Application is dated and signed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Officer Signature Required: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONAL GUARANTEE**

For value received, I/we personally guarantee the account of the above-named applicant to creditor. In the event said account should become delinquent and be placed for collection, I/we guarantee to reimburse, indemnify and pay seller all reasonable costs, expenses and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and/or attorney.

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_