



2404 Cranberry Square · Morgantown, WV 26508
Corporate Office (304) 296-7501 • Fax (304) 777-2729
Lake Lynn Quarry (724) 564-5099 • Fax (724) 564-1926

APPLICATION FOR CREDIT

Company Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____ Years in Business _____

Ownership: (Check One) Sole Proprietorship Partnership Corporation Other

Date Established: _____ State of formation _____

Federal ID or SS#: _____ DUNS#: _____

Names of Officers or Owners

Title

Telephone Number

1. _____

Address: _____ City: _____ State: _____ Zip: _____

SS#: _____ - _____ - _____

2. _____

Address: _____ City: _____ State: _____ Zip: _____

SS#: _____ - _____ - _____

3. _____

Address: _____ City: _____ State: _____ Zip: _____

SS#: _____ - _____ - _____

Bank Name

Contact

Telephone Number

Address: _____ City: _____ State: _____ Zip: _____

Trade References:

<u>Business Name</u>	<u>Telephone Number</u>	<u>Fax Number</u>
1. _____		
Address: _____	City: _____	State: _____ Zip: _____
2. _____		
Address: _____	City: _____	State: _____ Zip: _____
3. _____		
Address: _____	City: _____	State: _____ Zip: _____
4. _____		
Address: _____	City: _____	State: _____ Zip: _____

<u>Accounts Payable Contact</u>	<u>Telephone Number</u>	<u>Fax #</u>	<u>Email Address</u>

Address: _____	City: _____	State: _____	Zip: _____

Credit Limit Desired: \$ _____

Does your company use Purchase Orders? Yes No

Special Billing Instructions: _____

Has your company (or any affiliates or subsidiaries) ever filed for bankruptcy? Yes No

Tax Exemption Status: (Check One if applicable)

Tax Exemption Certificate

Direct Payment Permit

Tax Exemption No: _____

Direct Payment Permit No: _____

Please attach either a signed tax exemption certificate or a copy of your Direct Pay Permit to this application if applicable

AGREEMENT:

I (WE), THE UNDERSIGNED, HEREBY APPLY FOR THE EXTENSION OF CREDIT FROM LAUREL AGGREGATES OF DELAWARE, LLC AND CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE. IF CREDIT IS EXTENDED, I (WE) AGREE TO ABIDE BY THE CREDIT TERMS STATED ON THE INVOICE, AND MAKE FULL AND PROMPT PAYMENT OF ANY AND EVERY INDEBTEDNESS, LIABILITY, OR OBLIGATION ARISING OUT OF SUCH SALE, TOGETHER WITH ALL LATE PAYMENT CHARGES OR INTEREST THEREON AND REASONABLE ATTORNEY FEES, COST AND EXPENSES OF COLLECTION INCURRED IN CONNECTION THEREWITH. I (WE) FURTHER AUTHORIZE LAUREL AGGREGATES OF DELAWARE, LLC TO INVESTIGATE THE REFERENCES LISTED ABOVE PERTAINING TO MY (OUR) CREDIT AND FINANCIAL RESPONSIBILITY.

PRINTED NAME: _____ DATE: _____

SIGNED: _____ TITLE: _____ (OFFICER OR OWNER ONLY)

INCOMPLETE APPLICATION MAYBE RETURNED FOR ADDITIONAL INFORMATION

Guaranty Agreement

In consideration of Laurel Aggregates of Delaware, LLC's (Seller) agreement to provide credit on open account to the above named party, the undersigned Guarantor(s), jointly and severally, absolutely guarantee(s) the full and prompt payment of any and every indebtedness, liability or obligation of Buyer arising out of such sale, together with all late payment charges or interest thereon and reasonable attorney's fees, costs and expenses of collection incurred in connection therewith. In the event of default in payment of any amount due there under or in performance of any requirement thereof at any time by Buyer, the undersigned promises to pay the full amount of such indebtedness upon demand by Seller. Also, by signing the Guaranty Agreement, the undersigned Guarantor/Guarantors give their authorization to Laurel Aggregates of Delaware, LLC. , to obtain personal credit information. This is a guarantee of payment and not an agreement of indemnification.

Dated this _____ day of _____, 20_____.

Guarantor _____

Witness _____

Printed Name _____

Guarantor _____

Witness _____

Printed Name _____

Guarantor _____

Witness _____

Printed Name _____
