



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: _____