



CREDIT APPLICATION

This form must be used. No other will be accepted.

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

ACCOUNTS PAYABLE ADDRESS: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

OF YEARS IN BUSINESS _____ SALES _____
 UNDER THIS NAME: _____ VOLUME: \$ _____ TOTAL NUMBER OF EMPLOYEES: _____

PAYMENT PERSONALLY GUARANTEED BY: _____ TITLE: _____

ADDRESS: _____ SIGNATURE: _____

OWNERSHIP	NAME OF OWNER	PHONE
	HOME ADDRESS	CITY STATE ZIP
	NAME OF OWNER	PHONE
	HOME ADDRESS	CITY STATE ZIP

TRADE REFERENCES FAX NUMBERS MANDATORY!	COMPANY NAME	PHONE
	CONTACT NAME	FAX
	COMPANY NAME	PHONE
	CONTACT NAME	FAX
	COMPANY NAME	PHONE
	CONTACT NAME	FAX
	COMPANY NAME	PHONE
	CONTACT NAME	FAX

BANK REFERENCE	BANK NAME	ACCOUNT #	PHONE	FAX
	ADDRESS	CITY	STATE	ZIP
	BANK NAME	ACCOUNT #	PHONE	FAX
	ADDRESS	CITY	STATE	ZIP

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

_____ AUTHORIZED SIGNATURE

_____ TITLE _____ DATE

<p>TYPE OF BUSINESS</p> <p><input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CORPORATION IN</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> DIVISION STATE OF _____</p>	<p>AS A CONDITION OF PRECISION GRANITE CO. EXTENDING CREDIT AND PROVIDING SERVICE OR PRODUCT, CUSTOMER AGREES TO PAY ALL COURT COSTS AND ATTORNEY FEES IN THE EVENT LITIGATION ENSUES FOR COLLECTION.</p>
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