

TEI-COUNTY ASPHALT MATERIALS, INC.
APPLICATION FOR CREDIT

NAME OF BUSINESS _____ FEDERAL TAX ID: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

() _____ () _____ COUNTY _____
TELEPHONE NUMBER _____ FAX _____

TYPE OF BUSINESS: _____

CHECK ONE: _____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

NUMBER OF YEARS IN BUSINESS: _____ STATE OF INCORPORATION: _____

IF BUSINESS IS A CORPORATION OR PARTNERSHIP LIST NAMES OF OFFICERS OR PARTNERS
(DO NOT LIST MORE THAN FOUR): _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____

TITLE & INTEREST IN BUSINESS: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____

TITLE & INTEREST IN BUSINESS: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____

TITLE & INTEREST IN BUSINESS: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____

TITLE & INTEREST IN BUSINESS: _____

TRI-COUNTY ASPHALT MATERIALS, INC.
APPLICATION FOR CREDIT

NAME OF BUSINESS _____ FEDERAL TAX ID: _____

CREDIT LINE REQUESTED BY APPLICANT: \$ _____ PER MONTH

TERMS: NET DUE 30 DAYS FROM PURCHASE. AMOUNTS NOT PAID IN FULL WITHIN 30 DAYS OF PURCHASE WILL ACCRUE INTEREST ON THE UNPAID BALANCE AT A RATE OF _____ & PER MONTH. ADDITIONAL TERMS OF SALE ARE IN ACCORDANCE WITH TRI-COUNTY ASPHALT MATERIALS, INC.'S SALES POLICIES. IN THE EVENT OF NONPAYMENT, TRI-COUNTY ASPHALT MATERIALS, INC., AT ITS OPTION, MAY PLACE THIS ACCOUNT FOR COLLECTION WITH ITS ATTORNEY OR COLLECTION AGENCY AT WHICH POINT ALL FEES ASSOCIATED WITH COLLECTING THE AMOUNT OWED, INCLUDING ATTORNEY FEES, WILL BE ADDED TO THE OUTSTANDING BALANCE.

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION FOR CREDIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ THE ABOVE CREDIT TERMS AND AGREE TO THE TERMS AS STATED. FURTHER, I HEREBY REPRESENT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE STATED BUSINESS.

DATE: _____

PRINTED NAME: _____

TITLE: _____

DO NOT COMPLETE BELOW THIS LINE.

AMOUNT APPROVED FOR CREDIT LINE: \$ _____

DATE: _____

TRI-COUNTY ASPHALT MATERIALS, INC.

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APPLICATION FOR CREDIT

NAME OF BUSINESS _____ FEDERAL TAX ID: _____

BANK REFERENCE

BANK NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
BRANCH: _____ TELEPHONE: () _____

BUSINESS ACCOUNT NUMBER: _____

NUMBER OF YEARS THIS ACCOUNT HAS BEEN OPEN: _____

IS THIS ACCOUNT ACTIVE (TRANSACTIONS OCCUR EVERY MONTH) YES _____ NO _____

IS THIS ACCOUNT IN GOOD STANDING (NOT OVERDRAWN OR HELD FOR SETOFF BY THE BANK) YES _____ NO _____

SAVINGS ACCOUNT NUMBER: _____

NUMBER OF YEARS THIS ACCOUNT HAS BEEN OPEN: _____

IS THIS ACCOUNT ACTIVE (TRANSACTIONS OCCUR EVERY MONTE) YES _____ NO _____

IS THIS ACCOUNT IN GOOD STANDING (NOT OVERDRAWN OR HELD FOR SETOFF BY THE BANK) YES _____ NO _____

NAME OF BANK REPRESENTATIVE: _____

**FAX NUMBERS MUST BE PROVIDED
CREDIT REFERENCE

REFERENCE NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____ FAX () _____

BUSINESS RELATIONSHIP: _____

REFERENCE NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____ FAX () _____

BUSINESS RELATIONSHIP: _____

REFERENCE NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____ FAX () _____

BUSINESS RELATIONSHIP: _____