

## SELECT SAND & GRAVEL

6513 COLLEYVILLE BLVD., SUITE 200; COLLEYVILLE, TX 76034

817 572 6310 MAIN OFFICE 817 295 7854 FAX

512 651 2297 Austin

210 280 8798 San Antonio

713 489 9992 Houston

### CREDIT APPLICATION

#### BUSINESS CONTACT INFORMATION

Contact Name / Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

A/P Contact:

A/P Phone:

A/P E-mail:

Invoice Method:  E-mail

Mail

#### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

#### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

#### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Select Sand & Gravel to make inquiries into the banking and business/trade references that you have supplied.

#### SIGNATURES

Title:

Title:

Date:

Date:

**SELECT SAND & GRAVEL**

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**CREDIT APPLICATION**

Has the firm or any of the firm’s principals ever filed Bankruptcy?  YES  NO

If YES, explain\_\_\_\_\_

**NOTE:** Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Also, the undersigned is providing Select Sand & Gravel authorization to investigate the credit references and the principles listed.

**TERMS**

In consideration for the extension of credit, I (we) understand that the terms are NET 30 DAYS FROM INVOICE DATE, and that all accounts or monies due shall be due and payable to Select Sand & Gravel at 6513 Colleyville Blvd., Suite 200; Colleyville, TX 76034 in Tarrant County, Texas. I (we) acknowledge and agree that interest at 1.5% per month or 18% per annum may be charged on all balance remaining unpaid after 60 days from the date said amounts are incurred. In the event of default and referral to an attorney or collection agency I (we) agree to pay a reasonable cost and attorney’s fees. As per our company policy we do file notices of any lien/bond claims, as needed, on outstanding invoices on the 15<sup>th</sup> of each month. The undersigned represents that he/she has the authority to execute this credit application on behalf of the business identified in the application.

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Print Name Signature Date

**PERSONAL AGREEMENT**

I (we) understand that the information furnished you is for the purpose of obtaining credit from your company, that I am (we are) authorized to bind my (our) company accordingly. I (we) the undersigned do jointly and severally, absolutely guarantee to Select Sand & Gravel the prompt and full payment and performance, when due, of all indebtedness and obligations, fixed or contingent which I (we) may now or at any time hereafter owe Select Sand & Gravel, including without limitation, interest and collection costs.

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Print Name Signature Date