

To Whom It May Concern:

Your credit account is pending per your agreement to the following conditions:

- Our terms are net 10<sup>th</sup>, due by the 10<sup>th</sup> of the month
- Any past due invoices will accrue finance charges of 1.5% monthly (18% APR) or a minimum of \$5.00, whichever is greater
- Any account with unpaid balances over 60 days will be put on a cash only basis until the account is paid in full
- We do not accept credit cards as payment on account

If you have any questions, please call (208) 743-5596 or email [desiree@atlassandandrock.com](mailto:desiree@atlassandandrock.com). By signing below, you are agreeing to all terms and conditions.

Thank you,

Desirée Cannon  
Accounts Receivable/Collections

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# Credit Application Atlas Sand & Rock, Inc.

## Company Information

Customer / Owner  
Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Fax: \_\_\_\_\_ Bankruptcy? \_\_\_\_\_  
(within last 7 years)

How Long in Business: \_\_\_\_\_ Do you use Purchase  
Orders? \_\_\_\_\_

\_\_\_\_\_ Corporation    \_\_\_\_\_ Partnership    \_\_\_\_\_ Sole  
Proprietorship    \_\_\_\_\_ Other

Federal ID or S.S. # \_\_\_\_\_ Date Established: \_\_\_\_\_

## Credit Requirements

Amount of Initial Order / Job: \$ \_\_\_\_\_

Are Your Purchases Taxable? \_\_\_\_\_

If no, attach a copy of your sales tax exemption certificate

Accounts Payable Contact & Phone # : \_\_\_\_\_

Purpose of Account: \_\_\_\_\_

## Bank References

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Checking Acct#: \_\_\_\_\_

Checking Acct#: \_\_\_\_\_

Savings Acct#: \_\_\_\_\_

Savings Acct#: \_\_\_\_\_

LOC / Loans: \_\_\_\_\_

LOC / Loans: \_\_\_\_\_

## Trade References

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City,**  
**State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City,**  
**State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City,**  
**State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City,**  
**State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

I, the undersigned, authorize Atlas Sand & Rock, Inc. to contact the references listed to obtain all details necessary to enable Atlas Sand & Rock, Inc. to establish an account for commercial credit purposes. I understand that Atlas Sand & Rock, Inc. will retain this agreement regardless of whether an open account is established. I further certify that the above information is warranted to be true and correct. The undersigned agrees to pay all charges and service fees in accordance with the following terms and conditions. Payment is due by the 10<sup>th</sup> of the month following the month of purchase. Any past due balance (not paid within 30 days of invoice date) is subject to a 1.5% periodic service charge or a minimum charge of \$5.00 whichever is greater, amounting to an annual percentage rate of 18%. All new accounts are approved on a 6 month probationary period in which the following additional terms apply: If a new account becomes 30 days past due it will automatically be placed on a FREEZE status. If that account becomes 60 days past due it will be permanently closed and immediate legal and collections actions will begin. In the event that legal or collections action is required due to the delinquency of this account, it is agreed that the undersigned will pay all costs and fees associated with said action, including any and all attorney's fees and court costs resulting thereof. If this is a business entity, the undersigned warrants that he/she has the authority to execute this agreement and apply for credit on behalf of the business entity listed above. **Signature hereby authorizes credit investigation and indicates agreement to be bound by the above terms.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Verified By: _____  Date: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>STATUS:</b></td> <td style="width: 40%;">Approved</td> <td style="width: 50%;">Declined</td> </tr> <tr> <td>Credit Limit: \$</td> <td colspan="2">_____</td> </tr> <tr> <td>Authorized By:</td> <td style="text-align: center;">DC</td> <td style="text-align: center;">CB</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">TJ</td> </tr> </table>	<b>STATUS:</b>	Approved	Declined	Credit Limit: \$	_____		Authorized By:	DC	CB			TJ
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