

To Whom It May Concern,

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

- Our terms are net 10 payments are due by the 10th of the month
- Any unpaid balances at the end of the month will accrue finance charges
- Any account with unpaid balances at the end of the month will be put on a cash only basis until the account is paid in full

If you have any questions feel free to contact me.

Thank you,

Desirée Cannon
Accounts Receivable/Collections

Signature

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? _____ At what rate? _____
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 10th 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%;">STATUS:</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;">BH</td> </tr> </table>	STATUS:	Approved	Declined	Credit Limit: \$	_____		Authorized By:	DC	CB			BH
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