







### **APPLICATION FOR CREDIT**

Sales Representative:			Date:	
Name of Business:				
Telephone:	Ext:	Fax Number:_		
Business Address:			0::	24 - 17 - 2 - 1
NA '11' A L L			City	State/Zip Code
Mailing Address:			City	State/Zip Code
Contact Person:		Email Address:		
Website Address:				
Organization Structure:	Corporation	Partnership	Ind	ividual Ownership
Corporation: Year's Inc.:	Federal	Tax ID No:		
CEO/President:		Vice-President	:	
CFO/Secretary/Treasurer:		Controller/Acctg Mo	gr:	
Partnership: Partners:				
Individual Owner: Name:		Driver'	s License N	0:
Contractor's License Number:	se Number: Type of License:			
counts Payable/Bookkeeper: Phone:				
Email:		Preferi	red Contact	Method: Phone Email
		s on account with co of paper if more room i		nation
Name:		Phone:		
Credit Limit Requested:				

Next Page

Bank Reference:		Acct No:	Phone:	
Name:				
Address:				:
Trade Credit References (No Credi	-			
Name:				
Phone:	_ Fax:	Email:		
Address:			City	State/Zip Code
Account #:OfficeUse Only:			•	·
Name:			Contact Person:	
Phone:	Fax:	Email:		
Address:				
Account #:OfficeUse Only:			City	State/Zip Code
Name:			Contact Person:	
Phone:	Fax:	Email:		
Address:				
Account #:			City	State/Zip Code
OfficeUse Only:				
Name:			Contact Person:	
Phone:				
Address:				
			City	State/Zip Code
Account #:OfficeUse Only:				
Oniceose Only.				
Credit Terms will be advised ACCOUNTS WILL BE CHARGED A OR THE MAXIMUM RATE PERMIT ACCOUNTS OVER 30 DAYS PAST DAYS PAST DUE. IN CASE OF DE COSTS OF COLLECTIONS, INCLU DIVISIONAL COMPANY, FOR COLL THE RIGHT TO REJECT ANY APPL SUPERCEDE THESE CREDIT TER	LATE FEE OI TED BY LAW T DUE WILL BE FAULT, PURC DING COURT ECTION OF A LICATION FOI MS.	F 1 ½% PER MONTH (18% P WHICH WILL BE ADDED TO E ON A C.O.D. BASIS. ACCO HASER SHALL PAY REASO COSTS, INCURRED BY CO ALL UNPAID INVOICES. CO R CREDIT TERMS. CUSTON	PER ANNUM, \$1.00 THE PAST DUE BADUNTS WILL BE CLE NABLE ATTORNES NCORD FEED & FE MER PURCHASE C	MINIMUM CHARGE) ALANCE. OSED AFTER 60 ('S FEES AND ALL UEL, INC, A MULTI- UEL, INC. RESERVES ORDERS DO NOT
Name (please print):		Signature:		
Title:		Date:		
OfficeUse Only:v101524tm				









# **AUTHORIZATION TO CONDUCT CREDIT CHECK**

Dear Applicant,		
Due to tightening of reinformation with refere		e require written authorization to release any
Please sign this authorization and return it with the complete application.		
Thank You, Concord Feed & Fuel,	, Inc.	
Authorization:		
	e of information on account history and pa any, so that credit worthiness may be dete	ayment score to Concord Feed & Fuel, Inc., a ermined using industry guidelines.
Date:		
Signature:		
Printed Name:		
Title:		

Company Name:









#### **RESTOCKING POLICIES & RESTOCKING FEES**

Our standard restocking fee is 25%, subject to our inspection.

There is "NO RETURN"	on th	ıe followin	g:
Real Stone			

Real Stone

All Manufactured Stone

Sacked Products

**Bulk Aggregates** 

Real Used Brick

All Special Orders

Any Custom Cut Items

**Electrical Components** 

**Fuel Related Components** 

Wholegoods/Equipment

Or any "As Is" items, i.e. close outs or one of a kind items, mixed color or mixed shape product that has been sorted.

Pallet deposits are subject to a restocking fee per manufacturer policy. No credit will be issued for returned pallets over 6 months.

Date:		
Name (please print):	Signature:	
Name (please print):	Signature:	

Date:









### **GUARANTEE**

In consideration for the extension of credit to be given to:	
I/We personally guarantee payment for all materials purchased corporation.	by the above applicant, even should the applicant be a
I/We agree to be bound by the terms and conditions of sale as	stated on the Concord Feed & Fuel, Inc. credit application
I/We agree to notify you of any significant change in our financi that in the event of such notice personal liability will cease only notice.	·
I/We understand and agree to pay on past due balances a mor annum) of the outstanding balance principle as liquidated dama service or merchandise purchased under this agreement, I/We other costs of collection, provided that a court of competent juri	ages. In the event of legal action to collect payment for agree to pay reasonable attorney's fees, court costs, and
<b>Agreed to by</b> : (If a sole proprietorship, the owner must sign. If corporation, all officers must sign and all major shareholders m	
Name (please print):	Signature:
Drivers License #:	Date of Birth:
Social Security #:	-
Name (please print):	Signature:
Drivers License #:	
Social Security #:	
Name (please print):	Signature:
Drivers License #:	Date of Birth:
Social Security #:	
Name (please print):	Signature:
Drivers License #:	
Social Security #:	









## **CORPORATE GUARANTEE**

In consideration for the extension of consideration for the extension for the extension of consideration for the extension of consideration for the extension of the extension	edit to be given to (Applicant)
(Parent Company) Fuel, Inc. for all materials purchased by	guarantees full and prompt payment to Concord Feed & Applicant.
Concord Feed & Fuel, Inc. credit appli	agrees to be bound by the terms and conditions of sale as stated on the ation.
financial position or ownership structu in writing by Concord Feed & Fuel, Inc	agrees to notify Concord Feed & Fuel, Inc. of any significant change in its in writing, and understands that in no event shall its liability cease unless agreed
equal to 1 $\frac{1}{2}$ % (18% per annum) of the	understands and agrees to pay on past due balances a monthly service charge outstanding principal balance as liquidated damages.
	yment for services or merchandise purchased under this agreement, agrees to pay all reasonable attorneys' fees, court costs, and other costs of petent jurisdiction makes such an award.
Agreed to by:	
Name of Officer:	Signature:
Title	Date