

SUNDRE SAND & GRAVEL, INC.

6220 37th Avenue Southeast
Minot, North Dakota 58701
Phone # (701)838-4455 Fax # (701)852-3809
sundre@sundregravel.com

CREDIT APPLICATION & AGREEMENT

Legal Business Name _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ E-Mail _____
Description of Business _____ How long in business _____
Person to contact about Account _____ Credit requested _____
Purchase Orders required Y / N Sales Tax Exempt Y / N **** (if yes, please include tax exempt certificate)****

TYPE OF BUSINESS: _____ Corporation _____ Partnership _____ Individual _____ Other

Names: _____
Owner / Partner Partner / Vice President
SS#/EIN: _____
Owner / Partner Partner / Vice President

BANK INFORMATION:

Bank _____ Phone _____ Fax _____
Mailing Address _____ City _____ State _____ Zip _____
Contact _____ Acct No. _____ Type _____
Acct No. _____ Type _____

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

TRADE REFERENCES: (Equipment, Parts, Service, Trade)

Name	Address	Phone	Fax/Email
1 _____			
2 _____			
3 _____			

Credit Policy: Statements are issued the month following purchase. COD restrictions may be placed on any past due account.

Credit Terms: All charges are due upon receipt. A non-refundable annual interest rate of 18% will be charged on all unpaid balances over 60 days, with a minimum fee of \$3.00.

Venue: All amounts due are payable to Sundre Sand & Gravel, Inc. It is further agreed that this agreement is entered into the state of ND and is governed by the laws of the state of ND.

Change of Ownership: I/We understand that we must notify Sundre in writing and by certified mail of any change in ownership, the name of the business under which credit is established.

Applicant's signature attests financial responsibility, ability, and willingness to pay in accordance with above terms.

Applicant's Signature

Date

Personal Guarantee: The undersigned, by signature below, personally and individually guarantees payment of all charges made by the above named company. It is understood by guarantor that any defaults or failure to pay within terms by the above company will result in automatic demand for the full balance owed to be paid by guarantor.

Guarantor Signature: _____ SSN: _____

Print name: _____ Witness: _____

Office Use Only

Date Approved _____

Approved Amount _____

Approved by _____

Credit References _____

Contractor License _____

W9 _____