

PLEASE SIGN AND COMPLETE THIS APPLICATION IN ITS ENTIRETY

I, the undersigned wish to apply for credit with Duff Quarry.



Please check one: Individual Partnership ___ Corporation Sole Proprietorship LLC

Name of Applicant/Business _____ Joint Applicant/Owner/Officer _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (If the above address is a PO Box, we require a street address) _____ City _____ State _____ Zip _____

Phone _____ Fax Number _____ Email _____

SSN# _____ EIN# _____ Drivers License # _____ Date of Birth _____

Nature of Business _____ Year Established _____ Principal Officer _____

\$ _____ Credit Line Requested _____ Accounts Payable Contact Name _____ Phone _____

BANK OR SAVINGS & LOAN REFERENCES:

Name of Institution _____ Address _____ Email _____

Contact Name _____ Phone _____ Fax _____ Acct. # _____

The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applications on the basis of race, color, religion, national origin, sex, marital status, age; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission Equal Credit Opportunity Act, Washington D.D. 20580. A statement of the reasons for adverse action on your credit application may be obtained by writing the Credit Manager, at Box 305, Huntsville, Ohio 43324

TRADE REFERENCES: PLEASE LIST THREE (3)

| | | |
|---------------------------------|---------------------------------|---------------------------------|
| _____ | _____ | _____ |
| Name | Name | Name |
| _____ | _____ | _____ |
| Address | Address | Address |
| _____ | _____ | _____ |
| City/State/Zip | City/State/Zip | City/State/Zip |
| _____ | _____ | _____ |
| Phone | Phone | Phone |
| _____ | _____ | _____ |
| Fax or Email Address – REQUIRED | Fax or Email Address – REQUIRED | Fax or Email Address – REQUIRED |

Are you tax exempt: ☐ Yes ☐ No (Please include an exemption form for our files)

Preferred email address for invoices/statements: _____

Terms: Net 30 from Invoice Date – Any balance remaining (including prior service charges) after 30 days of date of invoice will be charged a service charge of 2% per month or 24 % APR.

I/We acknowledge that I furnished the information given herein to obtain credit and warrant that it is true. I/We agree to pay all bills according to the terms of any of the companies above which I/We have read and understand. I/We hereby authorize any of the companies above to investigate the references herein listed and statements or other information obtained pertaining to my/our credit and financial responsibilities. I/We understand that if any questions are left unanswered that any of the companies above may refuse credit based on lack of information.

CONTINUING GUARANTEE

In consideration that we sell, deliver, and/or cause to be delivered, materials, supplies, tools, and other goods or services on credit to the above stated company/individual. The undersigned does hereby unconditionally and personally guarantee payment of the same for all such materials from time to time so sold, delivered or caused to be delivered by our company to the account/debtor and any financial charge agreed to be paid to such company, its successors or assigns, and shall bind heirs, executors, administrators, and assigns of the undersigned. This shall be a continuing guarantee for all sales heretofore and hereafter, whether to me or others acting on behalf of the account debtor until this personal guarantee is withdrawn in writing and served to Box 305, Huntsville, Ohio 43324. I accept liability for all materials shipped or ordered prior to service of my withdrawal regardless of the bankruptcy of the account debtor to me.

| | | |
|--------------------------------|---------------------------|-------|
| X _____ | X _____ | _____ |
| Authorized Applicant Signature | Joint Applicant Signature | Date |
| X _____ | _____ | |
| Guarantor Signature | Date | |

All customers are required to have on file a Credit Application, State Sales Tax Exemption Certificate (if applicable) and this Credit Policy. New customers, upon approval of credit application, receive terms of Net 30 Days. This means that all invoiced amounts are due 30 days from INVOICE date.

If accounts are not paid within terms, the following procedures will be followed:

1. A Service Charge of 2% per month (Annual Percentage Rate of 24%) will be assessed on any accounts not paid within Terms.
2. Any accounts (invoices and/or service charges) reaching 45 days past Terms, will be placed on CREDIT HOLD. A Credit Hold will freeze all shipments and orders in progress until the overdue invoices (and service charges) are paid.
3. Any accounts reaching 60 days past Terms, will remain on Credit Hold and will lose their Net 30 status. Once these accounts have been paid, shipments will resume, but will be strictly COD for six (6) months from the time the account was fully paid. After six (6) months, the customer may again apply for Net 30 status.
4. Any accounts reaching 90 days past Terms, will be turned over to our collection agency for immediate collection. The cost of collection, legal fees, and court costs will be added to the past due account.
5. Returned Check Policy – for any returned check there will be a \$30.00 returned check fee charge and the account will be placed on a C.O.D. status.

If you have any questions about the above policy or wish to check the status of your account, please contact the Credit Department at the number indicated below.

Please complete the lower portion of this policy form, including signature and date, acknowledging acceptance of these terms and return by mail/fax as indicated below.

Signature

Title

Print Name

Date



PLEASE MAIL OR EMAIL TO OUR OFFICE AT:

P.O. Box 305
Huntsville, OH 43324
937.686.2811
ar@duffquarry.com

FOR CREDIT DEPARTMENT:

| | |
|--|-----------------|
| References checked by _____ | Notes _____ |
| Credit Approved/Maximum Credit Limit _____ | Account # _____ |
| Signed _____ | Date _____ |