



4341 Snake River Ave.  
Lewiston, ID 83501  
208-743-5596

6762 SR 270  
Pullman, WA 99163  
509-332-7004

**EC**

## CREDIT APPLICATION

### Company Information

Owner's Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Nature of the Business: \_\_\_\_\_

How Long in Business: \_\_\_\_\_ Bankruptcy: Yes No  
(within last 7 years)

\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietor \_\_\_\_ Individual

Federal EIN or SS # \_\_\_\_\_ Date Established: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Invoices e-mailed: Yes No

Purchase Orders Required: Yes No Purchases Taxable? ID: Yes No WA: Yes No  
*If no, attach a copy of your sales tax exemption certificates*

### Credit Requirements

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

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

### Bank References *(Banking Contact Required)*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Trade References** *(minimum of 3)*

<b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Contact:</b> _____ <b>E-mail:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	<b>Name</b> _____ <b>Address:</b> _____ _____ <b>Contact:</b> _____ <b>E-mail:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____
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<b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Contact:</b> _____ <b>E-mail:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	<b>Name</b> _____ <b>Address:</b> _____ _____ <b>Contact:</b> _____ <b>E-mail:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____
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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

\_\_\_\_\_  
Print Name & Title

Verified By: _____ Date: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>STATUS:</b></td> <td style="width: 35%;">Approved</td> <td style="width: 35%;">Declined</td> </tr> <tr> <td>Credit Limit: \$</td> <td colspan="2">_____</td> </tr> <tr> <td>Authorized By:</td> <td style="text-align: center;"><b>CB</b></td> <td style="text-align: center;"><b>TJ/GH</b></td> </tr> </table>	<b>STATUS:</b>	Approved	Declined	Credit Limit: \$	_____		Authorized By:	<b>CB</b>	<b>TJ/GH</b>
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Credit Limit: \$	_____									
Authorized By:	<b>CB</b>	<b>TJ/GH</b>								