



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

6762 SR 270
Pullman, WA 99862
509-332-7004

648 Cottonwood Butte Rd
Cottonwood, ID 83522
208-962-5989

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)*

Name: _____ Address: _____ _____ Contact: _____ E-mail: _____ Phone: _____ Fax: _____	Name _____ Address: _____ _____ Contact: _____ E-mail: _____ Phone: _____ Fax: _____
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Name: _____ Address: _____ _____ Contact: _____ E-mail: _____ Phone: _____ Fax: _____	Name _____ Address: _____ _____ Contact: _____ E-mail: _____ Phone: _____ Fax: _____
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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 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

 Print Name & Title

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