

**FOR OFFICE USE ONLY**

CREDIT APPROVED: YES  NO  Date: \_\_\_\_\_

By: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

**GRAND RAPIDS GRAVEL COMPANY**  
**CREDIT APPLICATION AND AGREEMENT**

Company Name: \_\_\_\_\_ hereinafter ("Applicant")

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Fed. ID #: \_\_\_\_\_ Or S.S. #: \_\_\_\_\_

**OWNERSHIP:** The following information must be provided. It will be held in strictest confidence.

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Michigan Corporate ID #: \_\_\_\_\_

Year of Incorporation: \_\_\_\_\_

**BUILDER'S LICENSE #** (Residential Only): \_\_\_\_\_

QUALIFYING OFFICER (If a Corporation): \_\_\_\_\_

**NAME(S) OF PRINCIPAL(S), COMPLETE ADDRESS, AND PHONE:**

|                              |
|------------------------------|
| Name/Address/Phone:<br>_____ |
| Name/Address/Phone:<br>_____ |
| Name/Address/Phone:<br>_____ |

**BANK REFERENCE:**

|                                   |
|-----------------------------------|
| Name/Address/Contact:<br><br><br> |
|-----------------------------------|

**REFERENCES (MAJOR SUPPLIERS):**

|   |
|---|
| 1. Name/Address/Phone/Fax:<br><br>Contact Person/Title: _____ |
| 2. Name/Address/Phone/Fax:<br><br>Contact Person/Title: _____ |
| 3. Name/Address/Phone/Fax:<br><br>Contact Person/Title: _____ |

A copy of the Applicant's letterhead or business card is attached.

To the best of my knowledge the above facts are true. I am aware that false information may result in denial of credit. Further, I understand that completion of this Credit Application and Agreement creates no obligation on the part of Grand Rapids Gravel Company to extend credit.

If Grand Rapids Gravel Company extends credit, I understand that the Applicant will be invoiced semi-monthly and will pay said invoice in full by the last day of the following month. Applicant further agrees to pay interest on any invoiced amount remaining unpaid after thirty (30) days of the due date at eighteen (18%) percent per annum. Should the Applicant's invoice not be paid in full by the last day of the following month of the invoice date, Grand Rapids Gravel Company immediately may demand full payment of any outstanding balance owed, cease extending credit, and proceed to collection action on the outstanding balance. The Applicant agrees to pay the costs and attorney fees associated with collection of its account, whether or not a suit for collection is ever filed.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTEE** (By a principal stockholder if the above-named Applicant is a corporation): **FOR VALUE RECEIVED**, the undersigned unconditionally guarantees and agrees to be liable for the payment of all debts incurred by the above named Applicant to Grand Rapids Gravel Company, and all expenses (including reasonable attorney fees and legal expenses) incurred in the collection thereof, and agrees that Grand Rapids Gravel Company may extend time for performance of said debts for any period and grant any releases or compromises with respect to any party liable for said debts, all without affecting the liability of the undersigned. Applicant authorizes Grand Rapids Gravel Company and its agent(s) to obtain a consumer credit report for the purpose of establishing credit.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return to: **GRAND RAPIDS GRAVEL COMPANY**  
**PO BOX 9160**  
**GRAND RAPIDS MI 49509**

**-OR-**

**FAX TO: (616) 538-8877**