

GRAND RAPIDS GRAVEL COMPANY
P.O. BOX 9160
GRAND RAPIDS, MI 49509
PH: (616)538-9000 ~ FAX: (616)538-8877

Date: _____

Name of Company: _____ Street: _____

City: _____ State/Zip: _____ County: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Mobile Phone: (____) _____ - _____ Email: _____ Website: _____

Type of Business: _____ # Years in Business: _____

Sales Tax Exemption #: _____ Federal ID #: _____

Check One: _____ Corporation _____ Partnership _____ Sole Proprietorship
_____ Individual _____ Government _____ LLC _____ LLP

Anticipated yearly volume: _____ Initial Order: _____

Type of Purchase Control System: _____ Purchase Order Only: _____

If other, please specify and list names of persons authorized: _____

NAMES OF OFFICERS/OWNERS:

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Social Security #: _____ / _____ / _____ Home Phone: (____) _____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Social Security #: _____ / _____ / _____ Home Phone: (____) _____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

CREDIT AND TRADE RELATED REFERENCES:

NAME ADDRESS E-MAIL ADDRESS

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS E-MAIL ADDRESS

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS E-MAIL ADDRESS

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

BANK: _____ BRANCH: _____ CHECKING ACCT #: _____

CONTACT: _____ PHONE NUMBER: _____ LOAN #: _____

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of Michigan law, under jurisdiction of the State of Michigan Courts and that venue in any such action shall be in the County of Kent.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of Grand Rapids Gravel Company.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: _____

SIGNED: _____

PRINT NAME: _____

TITLE: _____

OFFICE USE ONLY:

DATE RECEIVED: _____

APPROVED BY: _____

DECLINED BY: _____