

CREDIT APPLICATION

Mail to: **American Materials, LLC**
P.O. Box 1246, Eau Claire, WI 54702
 Phone: 715.835.2251 Fax: 715.835.3324
 Email: info@americanmaterials.com

Confidential

NOTE: If your credit account is approved, payment is due 30 days from invoice date, **not** when you are paid on a project. Prompt payment is necessary to keep account terms open and access to material.

Full Company Name: _____	Email: _____
Street Address: _____	Phone: _____ - _____ - _____
Mailing Address: _____	A/PFax: _____ - _____ - _____
City: _____ State: _____ Zip: _____	Cell: _____ - _____ - _____

Type of legal entity: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corp <input type="checkbox"/> Co-op <input type="checkbox"/> Gov't	Property <input type="checkbox"/> Rent <input type="checkbox"/> Own	Type of Business: _____ How Long This Business Operating: _____ Parent Company Name: _____ Date of Incorporation _____ State of Incorporation _____
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Owner's Name: _____	Title: _____	Previously With: _____	Require Mo. Statement: Yes _____ No _____
Owner's Name: _____	Title: _____		
Prior Business Names Used to Obtain Credit: _____	Address: _____		

If Partnership, please complete the following:

Name: _____ Title: _____	Name: _____ Title: _____
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Shares Owned: _____	Shares Owned: _____
Soc. Sec. #: _____	Soc. Sec. #: _____

Federal ID #: _____ attach Form W-9 (if tax exempt, attach Exemption Certificate)
 Soc. Sec. #: _____ OR State Drivers Lic. #: _____

Name of Bank: _____ Bank Acct #: _____ Type: _____
 Address of Bank: _____ Operating Credit Line in Place: Yes _____ No _____
 Bank Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____ Contact: _____

Credit/Trade References:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____	Phone: _____ - _____ - _____
Fax: _____ - _____ - _____	Fax: _____ - _____ - _____
Account #: _____	Account #: _____

First Order/Job Amount \$ _____	Estimated Annual Purchase (must be over \$2,000) \$ _____	Salesperson _____ Job/Project Name _____
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Financial Information: (Attach recent financial statement or tax form)
 Est. Annual Sales: _____ Est. Net Worth: _____

Applicant's Signature: _____	Date: _____
Applicant's Printed Name: _____	

PURCHASE AGREEMENT

The purpose of this Agreement is to clarify terms and conditions and bind Purchaser to the following:

The undersigned agrees by signature of their authorized representative to the following terms and conditions governing purchase of Materials or Services, including Aggregate, from American Materials, LLC.

- 1) Annual Sale Amount(s) of \$2,000 or more is required to secure an open account term whereby the Purchaser is invoiced and pays for the Materials or Services within thirty (30) days from the invoice date. Purchaser understands that in the event of payment default, Materials may be withheld until the default is cured. Slow payment beyond these terms may result in change to cash or credit card.
- 2) The Purchaser agrees to pay finance charges if the balance due is not paid within 30 days. The finance charge rate is 1.5% per month on the unpaid balance.
- 3) The Purchaser agrees to reimburse American Materials, LLC for legal fees incurred in collection of delinquent balances.
- 4) The Purchaser agrees that purchased Materials are purchased as-is, unless ordered to a specific standard as part of a Proposal/Contract or Subcontract Agreement. There is no warranty recourse on Materials purchased as-is since American Materials, LLC has no control over the after-sale application of its products.

Company: _____

Signature: _____

Print
Name: _____

Title: _____

Date: _____

EOE, Including disability/vets