



AGGREGATE & DIRT SOLUTIONS, LLC
CREDIT APPLICATION

Phone: 301-636-6240 • Fax: 301- 636-9498

PLEASE PRINT

Firm Name: _____ Phone: _____

Street Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Type of Business ___ Corp. (State of Inc.) _____ (Date of Inc.) _____

___ Partnership (Date Established) _____

___ LLC (Date Established) _____

___ Other (Please Specify) _____

Federal ID Number: _____

Billing Address (if different from above):

Accounts Payable Contact: _____

Principal Owners:

Name: _____ Title: _____

Home Address: _____

SSN: _____ Home Phone: _____

Name: _____ Title: _____

Home Address: _____

SSN: _____ Home Phone: _____

Name: _____ Title: _____

Home Address: _____

SSN: _____ Home Phone: _____

Bank Information:

Bank Name: _____ Account #: _____

Bank Address: _____

Phone: _____ Fax: _____ Contact: _____

Please list 3 local trade references and use fax numbers to expedite the processing of your application.

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

OUR TERMS ARE: NET 30 DAYS FROM THE DATE OF THE INVOICE. ANY ACCOUNT NOT PAID WITHIN 45 DAYS WILL BE PLACED ON CREDIT HOLD STATUS.

I/We hereby certify that the above information given for the purpose of obtaining credit is true and correct, and I/We authorize you to obtain such information as you may require concerning this application and agree that I may remain on your property whether or not credit is granted. I/We agree to pay a service charge of 18% per annum on all accounts past due, plus attorney's fees of 25% in the event the account is placed with an attorney for collection. I/We believe that our firm is financially able to meet any commitments we make and we hereby jointly and individually guarantee to pay your invoices in accordance with your terms and conditions. .

I have read the above and understand and agree to the terms and conditions of this credit application.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____