

CREDIT APPLICATION

PLEASE SIGN AND COMPLETE THIS APPLICATION IN ITS ENTIRETY

I, the undersigned wish to apply for credit with the following companies:

Duff Quarry, Inc.

Ohio Lumber & Building Supply, Inc.

Ohio Ready Mix, Inc.

Please check one: Individual Partnership Corporation Sole Proprietorship LLC

Name of Applicant/Business _____ Joint Applicant/Owner/Officer _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (If the above address is a PO Box, we require a street address) _____ City _____ State _____ Zip _____

Phone _____ Fax Number _____ Email _____

SSN# _____ EIN# _____ Drivers License # _____ Date of Birth _____

Nature of Business _____ Year Established _____ Principal Officer _____

\$ _____
Credit Line Requested _____ Accounts Payable Contact Name _____ Phone _____

BANK OR SAVINGS & LOAN REFERENCES:

Name _____ Address _____

Contact Name _____ Phone _____ Acct. # _____

TRADE REFERENCES: PLEASE LIST THREE (3)

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City/State/Zip _____ City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____ Phone _____

Fax _____ Fax _____ Fax _____

Are you tax exempt: Yes No (Please include an exemption form for our files)

Who is authorized to charge on your account: _____
(If no one is specified above, anyone may charge on your account)

Terms: Net 30 from Invoice Date – Any balance remaining (including prior service charges) after 30 days of date of invoice will be charged a service charge of 2% per month or 24 % APR.

I/We acknowledge that I furnished the information given herein to obtain credit and warrant that it is true. I/We agree to pay all bills according to the terms of any of the companies above which I/We have read and understand. I/We hereby authorize any of the companies above to investigate the references herein listed and statements or other information obtained pertaining to my/our credit and financial responsibilities. I/We understand that if any questions are left unanswered that any of the companies above may refuse credit based on lack of information.

X _____ **X** _____
Authorized Applicant Signature Joint Applicant Signature Date

FOR CREDIT DEPARTMENT:

References checked by _____ Notes _____

Credit Approved/Maximum Credit Limit _____ Account # _____

Signed _____ Date _____

DATE

CO. NUMBER/ID

CUSTOMER NAME

CREDIT AND COLLECTION POLICY

All customers are required to have on file a Credit Application, State Sales Tax Exemption Certificate (if applicable) and this Credit Policy. New customers, upon approval of credit application, receive terms of Net 30 Days. This means that all invoiced amounts are due 30 days from INVOICE date.

If accounts are not paid within terms, the following procedures will be followed:

1. A Service Charge of 2% per month (Annual Percentage Rate of 24%) will be assessed on any accounts not paid within Terms.
2. Any accounts (invoices and/or service charges) reaching 45 days past Terms, will be placed on CREDIT HOLD. A Credit Hold will freeze all shipments and orders in progress until the overdue invoices (and service charges) are paid.
3. Any accounts reaching 60 days past Terms, will remain on Credit Hold and will lose their Net 30 status. Once these accounts have been paid, shipments will resume, but will be strictly COD for six (6) months from the time the account was fully paid. After six (6) months, the customer may again apply for Net 30 status.
4. Any accounts reaching 90 days past Terms, will be turned over to our collection agency for immediate collection. The cost of collection, legal fees, and/or court costs will be added to the past due account.
5. Returned Check Policy – for any returned check there will be a \$30.00 returned check fee charge and the account will be placed on a C.O.D. status.

If you have any questions about the above policy or wish to check the status of your account, please contact Pam Peterson at the number indicated below.

Please complete the lower portion of this policy form, including signature and date, acknowledging acceptance of these terms and return by mail/fax as indicated below.

Signature

Title

Print Name

Date

PLEASE FAX OR MAIL TO OUR OFFICE AT:

P.O. Box 305
Huntsville, OH 43324
937.686.3112
937.686.5125 (fax)

DATE

CO. NUMBER/ID

CUSTOMER NAME