



Shelby Crushed Stone, Inc.

10830 Blair Road
Medina, New York 14103
585.798.4501
fax 585.798.1451
www.shelbystone.com

CREDIT APPLICATION

Date: _____

Name of Company: _____ Address: _____

City: _____ State/Zip: _____ County: _____

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

Email: _____ Website: _____

Type of Business: _____ #Years in Business: _____

Sales Tax Exemption #: _____ Federal ID #: _____

(Please provide exempt form.)

Indicate One: _____ Corporation _____ Partnership _____ Sole Proprietorship
_____ Individual _____ Government _____ LLC _____ LLP _____ Non Profit Organization

WHICH COMPANY(S) DO YOU ANTICIPATE PURCHASING FROM:

Shelby Crushed Stone **Eagle Harbor and & Gravel** **Cambria Asphalt Products**

Anticipated Monthly Purchases: \$ _____ Purchase Order Required: YES NO

Please specify and list names of persons authorized to charge: _____

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: _____

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BANK REFERENCE:

BANK: _____ BRANCH: _____ CHECKING ACCT #: _____
CONTACT: _____ PHONE NUMBER: _____ LOAN #: _____

**To my bank, I authorize you to release any credit information requested by Shelby Crushed Stone, Cambria Asphalt Products, or Eagle Harbor Sand & Gravel.* _____

(Signature Required)

TRADE REFERENCES

(PLEASE PROVIDE THREE WITH AT LEAST ONE REFERENCE FROM AGGREGATE INDUSTRY):

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE FAX NO./EMAIL CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE FAX NO./EMAIL CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE FAX NO./EMAIL CONTACT PERSON

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 included but not limited to pulling consumer reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my credit worthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant to will be governed and settled under applicable principles of NY law, under jurisdiction of the State of NY Courts and that venue in any such action shall be in the County of Orleans.

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 2.0% (annual rate 24.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of vendor. By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: _____ SIGNATURE: _____

SIGNED: _____ TITLE: _____

OFFICE USE ONLY: DATE RECEIVED: _____ CREDIT LIMIT: _____
DATE: _____ APPROVED BY: _____ DECLINED BY: _____

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Credit Card Backup Form

In continuing efforts to improve our accounts receivables, we will now require a credit card (Visa or MasterCard) to be stored on file as a back-up for payment purposes. Our normal payment terms are due net 30 days. However, due to an increasing customer base, as well as those not adhering to the original payment terms, we will now require a credit card on file.

If approved, or if you have previously been approved for credit, your credit card will only be charged in full if we have not received payment within 60 days from the original invoice date.

If there is an overlap between when you have sent your check and us charging your credit card, your check will be promptly sent back to your accounts payables department

Please fill out your credit card information in full (be sure to include name, number and expiration date)

Credit Card # _____ Exp date: _____ / _____ (month/year)

Name on Card: _____

I, _____, understand the above terms, and accept.

Print Name

Signature

Date

Please return to April Biamonte at 10830 Blair Road, Medina, NY 14103.

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Joint Personal Guaranty

Date _____, 20_____

We, _____ and _____, spouse
residing at _____,

for and in consideration of your extending credit at our request to _____
(hereinafter referred to as the "Company"), of which _____ is _____

Hereby personally guarantee to you the payment at _____ in the State of
_____ of any obligation of the Company and we hereby agree to bind
ourselves to pay you on demand any sum which may become due to you by the Company whenever the
Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and
irrevocable guaranty and indemnity of such indebtedness of the Company. We do hereby waive notice
of default, non-payment and notice thereof and consent to any modification or renewal of the credit
agreement hereby guaranteed.

Signature _____

Signature _____

Witness: _____

Address: _____

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Individual Personal Guaranty

Date _____, 20_____

I, _____ residing at _____

for and in consideration of your extending credit at my request to _____

(hereinafter referred to as the "Company"), of which I am _____

hereby personally guarantee to you the payment at _____

in the State of _____ of any obligation of the Company and I hereby agree

to bind myself to pay you on demand any sum which may become due to you by the Company

whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a

continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. I hereby

waive notice of default, non-payment and notice thereof and consent to any modification or renewal of

the credit agreement hereby guaranteed.

Signature _____

Witness: _____

Address: _____

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