

Central Dispatch
(301) 334-8101
(800) 325-8663
(301) 334-9836 Fax

Fairfax Materials, Inc.

8490 Garrett Highway
Oakland, MD 21550

Accounting
(301) 334-8193
(888) 324-7001
Fax (301) 334-5915

Application for Credit

Company/Individual Name _____	Date _____	Credit Line Applied For () Less than \$1,000 () \$1,000 - \$2,500 () \$2,500 - \$5,000 () \$5,000 - \$10,000 () \$10,000 - \$15,000 () \$15,000 - \$20,000 () \$20,000 - \$25,000 () Other _____	
Mailing Address _____	Phone _____		
City, State & Zip Code _____	Fax _____		
Street Address or Physical Location _____	Federal ID No. _____		Tax Exempt No. _____
Email: _____	A/P Contact: _____		

Type of business: () Individual () Partnership () Corporation () LLC () Other (specify) _____

How long in business? _____ State of formation _____ Are purchase orders used? () Yes () No

Are purchases tax exempt? () Yes () No You must attach a signed sales tax exemption certificate or direct pay permit.

Have your company or any of its owners, partners or officer ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? () Yes () No

Owners & Officers

<u>Name</u>	<u>Title</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference

FAX # REQUIRED

Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

_____ Contact: _____

Trade References

Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

_____ Contact: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

_____ Contact: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

_____ Contact: _____

Bonding Information

Is this project bonded? () Yes () No If yes, please supply the following information.

Name: _____ Phone: _____ Fax: _____

Address: _____

(FAILURE TO PROVIDE ALL INFORMATION REQUESTED MAY RESULT IN NO CREDIT BEING EXTENDED)

TERMS AND CONDITIONS

Applicant, in consideration of any extension of credit heretofore or hereinafter granted by Fairfax Materials, Inc., warrants the above information to be true, complete and accurate and hereby agrees to the following terms and conditions.

- 1) Applicant authorizes Fairfax Materials, Inc. to make inquiry and to gather additional credit information from any source and hereby authorizes such source or sources to answer such inquiry with true, complete and accurate information about Applicant.
- 2) Payment is due within thirty (30) days from date of Invoice.
- 3) Any amount unpaid after thirty (30) days is delinquent and Applicant agrees to pay a finance charge of the lesser of 24% per annum (2% per month) or the highest rate permitted by applicable law on any amount unpaid after thirty (30) days.
- 4) Applicant authorizes Fairfax Materials, Inc. if at any time is indebted to the Applicant to deduct such indebtedness from sums at any time owing by Applicant to Fairfax Materials, Inc.
- 5) Applicant agrees to notify Fairfax Materials, Inc. in writing of any change in ownership of Applicant and of the occurrence of any event which has had or may have a material and adverse effect on the Applicant, its business or prospects.
- 6) Applicant agrees to pay all costs of collection incurred by Fairfax Materials, Inc. including reasonable attorneys' fees whether or not suit is brought.
- 7) The Applicant and the undersigned individually warrant that the undersigned is duly authorized and empowered to execute and carry out the terms of this agreement and all documents and instruments delivered by it, pursuant to this agreement.

If you agree to the foregoing terms, please so indicate by signing below.

Date: _____ Applicant Name: _____

By: _____ its _____ duly authorized
(Signature) (Title of Signer)

Print Name: _____

For Office Use Only	
Approved by: _____	Limit: _____
Disapproved by: _____	Date: _____

Bank Credit Reference Inquiry

Bank Name: _____

Address: _____

City, State Zip _____

Dear Bank Officer:

We are authorizing the bank to release information about our open accounts, loans outstanding, credit line and payment history to Fairfax Materials, Inc., to be used explicitly for the establishment of an open account and credit line. This information is to be kept in the strictest of confidence.

Signed _____

Date _____

Print Name _____

Acct. No. _____

Title _____

Company _____

Gentlemen:

The above customer is applying for a credit line with us and has given your bank as a reference. Kindly provide us with the following information and send this form back to us at fax number (301) 334-5915. For any question, call us at (301) 334-8193 or (888) 324-7001.

Date Account Opened _____ Avg Balance Maintained _____

NSF Checks _____ Pledged as collateral? () Yes () No

Line of Credit (If any) _____ Amount Now Owing _____

Payment Habits _____

Comments: _____

We assure you that this information will be kept strictly confidential.

Your immediate reply will be very much appreciated.