



TABLE ROCK QUARRIES, INC.

938 Hwy. 70 West • Marion, NC 28752
 Phone: (828) 724-1379 • Fax: (828) 724-9239
 Web: <http://www.TableRockQuarries.com>
 Email: Sales@TableRockQuarries.com

CREDIT APPLICATION

BUSINESS INFORMATION

Legal Name			Date
Trade Name (If Different)			
Street Address			Phone
City	State	Zip Code	Fax
Contact Name		Type of Business: Please Check One Corporation Sole Proprietorship LLC Partnership	
Years in Business	Federal ID Number	Resale Tax Number	Business License #
Requested Credit Limit		Accounts Payable Contact	
Note: If purchases are for resale, please enclose a completed resale certificate.			

LIST ALL OWNERS, OFFICERS, OR GENERAL PARTNERS

(Use separate sheet if necessary)

Name		Title
Street Address		
City	State	Zip Code
Social Security Number	Phone Number	
Name		Title
Street Address		
City	State	Zip Code
Social Security Number	Phone Number	
Name		Title
Street Address		
City	State	Zip Code
Social Security Number	Phone Number	

(continued on reverse)

BANK INFORMATION

Name of Bank		Contact Person	
Street Address		Phone #	
City	State	Zip Code	
Checking Account #	Savings Account #		

CURRENT TRADE REFERENCES

(List only active vendors, no credit cards)

(1) Vendor Name		Phone #	
Street Address	City	State	Zip Code
(1) Vendor Name		Phone #	
Street Address	City	State	Zip Code
(1) Vendor Name		Phone #	
Street Address	City	State	Zip Code

Do you pledge or borrow on your account receivable? Yes No
 If so, from whom? _____

Please indicate basis on which you usually pay merchandise bills:
 Discount Current C.O.D. Other: _____

The applicant authorizes the use of a facsimile of this document as verification of release of information by references to the Seller. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 2% per month or 24% per annum on any delinquent account, collection fees and/or attorney fees. This shall be an open and continuing guarantee, not withstanding any charges, removals, extensions or the like, granted by the Seller. If a corporation, this agreement must be signed by an officer. If a partnership, this agreement must be signed by all general partners.

I have read and agree to all terms and conditions of sale as set forth on this document.

Owner Officer General Partner (Please Check One)

Print Name: _____ Signature: _____ Date: ___/___/___

PERSONAL GUARANTEE

In return for the extension of credit, the undersigned hereby jointly, severally, and personally guarantee to pay and be responsible for payment of all amounts due to Seller by Applicant, including collection charges and/or attorney fees. This shall be an open and continuing guarantee, not withstanding any charges, removals, extensions or the like, granted by Seller. The undersigned hereby waives notice of default or non-payment. Seller shall be entitled to look to the undersigned for full payment with prior demand, notice or seeking recourse against any other party.

Print Name: _____ Signature: _____ Date: ___/___/___

Print Name: _____ Signature: _____ Date: ___/___/___

Print Name: _____ Signature: _____ Date: ___/___/___

Print Name: _____ Signature: _____ Date: ___/___/___

Please fax completed form to (828) 724-9239 or mail to: Table Rock Quarries, Inc., 938 Hwy 70 West, Marion, NC 28752