



APPLICATION FOR CREDIT

**Ada Sand & Gravel. Inc.**

201 W State St Boise, ID 83702 208-368-0100 accounting@adasand.com

**BUSINESS AND CREDIT INFORMATION**

Company Name:	Amount of Credit Requested:\$
Mailing Address:	Years in Business:
City/State/ZIP:	Organization Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Phone:	

**INVOICING INFORMATION**

AP contact:	Ph:	Email:
Are your purchases sales tax exempt? Yes No (If yes, please include a form ST-101)		
Do you require a purchase order/job number for billing purposes? Yes No		
<b>Invoices emailed weekly and statements emailed at the end of the month.</b>		
Purchasing agent(s):	Ph:	Email:
Purchasing agent(s):	Ph:	Email:
Owner/Officer:	Ph:	Email:
Owner/Officer:	Ph:	Email:
Bank:	Contact at Bank:	

**BUSINESS/TRADE REFERENCES**

Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State, Zip:	State, Zip:	State, Zip:
Ph:	Ph:	Ph:
Contact:	Contact:	Contact:
Email:	Email:	Email:

General Provisions:

This request for credit and the information herein is a request for the extension of credit for commercial business use only. The applicant authorizes the above name creditor to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business, with whom the applicant is doing or has done any type of business, to give any and all necessary information to the creditor which will assist creditor in the credit investigation. If credit is extended, I/We understand the terms of payment to be within 30 days of the date of invoice, unless other written terms are authorized by a duly appointed officer. Accounts extended beyond 30 days will accrue a fee equal to 1.5% of the unpaid balance per month. A convenience fee of 3% will be added to account payments made by credit card. The NSF fee is \$35 per check. If account is placed for collection, I/We agree to pay all costs of collection, including reasonable attorney or collection fees on the unpaid debt so long as any said indebtedness is due and unpaid.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Approved by: \_\_\_\_\_ Opened Date: \_\_\_\_\_ Account # \_\_\_\_\_

Credit Limit \$: \_\_\_\_\_ Tax Exempt (ST-101 on file): \_\_\_\_\_