

CREDIT APPLICATION

STONE PLUS, INC.
5500 Chronicle Ct.

904-636-6306
904-636-6323 fax #

Company Name _____
Address _____ City/State/Zip _____
Mailing Address if different _____
Telephone _____ Fax _____
Federal tax ID or Social Security Number _____
Date Business Established _____ Amount of Credit Requested _____
Type of Business: ___ Corporation / ___ Partnership / ___ Sole Proprietorship
If a corporation, what state: _____
Is Business Tax Exempt? ___ Yes ___ No if yes, please attach a copy of your
exemption certificate (FAX COPY NOT ACCEPTABLE, must have original
signature on a copy of certificate for our records)

Names, titles, FULL addresses and phone numbers of officers/owners:

3 Trade References:

Reference #1: Name _____
Address _____
Telephone _____ Fax _____

Reference #2: Name _____
Address _____
Telephone _____ Fax _____

Reference #3: Name _____
Address _____
Telephone _____ Fax _____

Bank Reference: Name of Bank _____
Address _____
Telephone _____ Contact Person _____
Account # _____

I represent that the above information is true and is given to induce Seller to extend credit to the applicant. My company and I authorize Seller to make such credit investigation as Seller sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit

reporting agencies to disclose to Seller any and all information concerning the financial and credit history of my company and myself.

General Terms and Conditions and Personal Guarantee:

1. Seller shall invoice Buyer and Buyer shall pay by the following terms: Payment is due on the 25th of the month for purchases made between the 1st and the 15th of each month. Payment is due on the 10th of the following month for purchases made between the 16th and 31st of each month. (see attached sheet for additional account payment information).
2. If Seller is forced to take collection or enforcement efforts due to default of the terms of this agreement, Buyer shall be liable for all costs thereof, including legal fees. A copy of this agreement is as binding as the original.
3. No additional credit will be extended to past due accounts unless arrangements are made with the accounting department.
4. **Personal Guarantee:** I/We as guarantors hereby jointly and severally, personally, unconditionally and absolutely guarantee to you the payment of any obligation of the above business entity whenever the applicant shall fail to pay the same. By signing this application, I/We as guarantors also agree to pay and/all collection costs associated with collection of the debt amount including all attorneys fees.

Guarantor Name _____ Social Security # _____
Signature _____ Date _____

Guarantor Name _____ Social Security # _____
Signature _____ Date _____