



Credit Application and Agreement Please Type or Print

RETURN TO: ACCOUNTING@FINDLAYMATERIALS.COM

NAME _____ D/B/A _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

BUSINESS IS: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

DATE ESTABLISHED _____ CREDIT LINE REQUESTED _____

OWNER, PARTNER OR CORPORATE OFFICERS, HOME ADDRESSES ARE REQUIRED ON OWNER OR PARTNERS ONLY

NAME _____ TITLE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE SPECIFY HOW YOU WANT TO RECEIVE YOUR BILLING: (EMAIL OR US MAIL)

CONTACT NAME: _____ DO YOU NEED PROOF OF DELIVERY:
YES _____ NO _____

*******ATTACH COPY OF YOUR EXEMPTION CERTIFICATE(S): APPLICABLE TAXES WILL BE CHARGED UNTIL VALID CERTIFICATE IS RECEIVED BY THE CREDIT DEPARTMENT******

TERMS: NET 30 + 1.5% interest per month on all outstanding amounts due hereunder, which also applies to any judgment or decree entered on the underlying debt.

SIGN BY _____ TITLE _____

SIGNATURE _____ DATE _____

Customer Name: _____ Customer Signature: _____

Date: _____