

COUNTY LINE STONE

4515 CRITTENDEN ROAD (P.O. BOX 150), AKRON, NY, 14001

Phone: 716-542-5435 Fax: 716-542-5442

APPLICATION FOR ACCOUNT

COMPANY INFO:

Date: _____

Name of Company: _____ Street: _____

City: _____ State/Zip: _____ County: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____ Website: _____

Mobile Phone: (____) _____ - _____ Email: _____

Type of Business: _____ # Years in Business: _____

Sales Tax Exemption #: _____ Federal ID #: _____

Check One: _____ Corporation _____ Partnership _____ Sole Proprietorship
 _____ Individual _____ Government _____ LLC _____ LLP

Anticipated yearly volume \$: _____ Initial Order \$: _____

Please specify and list names of persons authorized: _____

NAMES OF OFFICERS/OWNERS:

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

CREDIT AND TRADE REFERENCES (MINIMUM 2):

NAME	ADDRESS	ACCOUNT NUMBER
BALANCE DUE	TELEPHONE/FAX NUMBER	CONTACT PERSON
NAME	ADDRESS	ACCOUNT NUMBER
BALANCE DUE	TELEPHONE/FAX NUMBER	CONTACT PERSON
NAME	ADDRESS	ACCOUNT NUMBER
BALANCE DUE	TELEPHONE/FAX NUMBER	CONTACT PERSON

BANK: _____ BRANCH: _____ CHECKING ACCT #: _____
CONTACT: _____ PHONE NUMBER: _____

ACCOUNTING:

Who should be contacted regarding payment on this account? _____ Title: _____
Phone: _____ E-mail: _____

Does the Individual named above have authority to release payments and draft checks? Yes No

If no, who authorizes the payment of invoices? _____ Title _____ Phone _____

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of New York law, under jurisdiction of the State of New York Courts and that venue in any such action shall be in the County of Erie

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of County Line Stone.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: _____

SIGNED: _____

PRINT NAME: _____

TITLE: _____

OFFICE USE ONLY:

DATE RECEIVED: _____
APPROVED BY: _____
DECLINED BY: _____