



<u>Billing Office</u>	<u>Plant Location</u>
P.O. Box 440459	209 East Sycamore
St. Louis, MO 63144	Old Monroe, MO 63369
314-373-1009	314-267-3747

CREDIT APPLICATION

LEGAL COMPANY NAME: _____ DBA: _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: (____) _____ FAX #: (____) _____ A/P CONTACT: _____

PREFERENCE TO RECEIVE INVOICES: POSTAL MAIL EMAIL

E-MAIL ADDRESS: _____

FEDERAL TAX ID# _____ STATE CHARTER # _____

YEARS IN BUSINESS: _____ HAVE YOU EVER FILED BANKRUPTCY? Yes No If yes, year filed: _____

ANNUAL SALES: \$ _____ DESCRIPTION/SIZE OF INITIAL ORDER: _____

TYPE OF BUSINESS: Corporation Partnership Proprietorship Other _____

OFFICERS, PARTNERS, AND/OR PRINCIPALS: (MUST BE COMPLETED BY ALL FOR CONSIDERATION FOR CREDIT)

NAME	TITLE	SOCIAL SECURITY NUMBER	CELL PHONE #
HOME ADDRESS	CITY	STATE	ZIP CODE HOME NUMBER

NAME	TITLE	SOCIAL SECURITY NUMBER	CELL PHONE #
HOME ADDRESS	CITY	STATE	ZIP CODE HOME NUMBER

BUSINESS TRADE ACCOUNT REFERENCES (MUST BE TERM ACCOUNTS):

BUSINESS NAME	PHONE NUMBER	FAX NUMBER
BUSINESS ADDRESS	CITY	STATE ZIP CODE

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BUSINESS ADDRESS	CITY	STATE ZIP CODE

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Bank Reference: _____ Phone: _____ Fax: _____

Address: _____ Contact Person: _____

Persons authorized to sign: _____

Bank Reference: _____ Phone: _____ Fax: _____

Address: _____ Contact Person: _____

Persons authorized to sign: _____

AUTHORIZATION OF APPLICANT TO OPEN CREDIT ACCOUNT

In lieu of a financial statement and in order to induce BMC Sand LLC to process this application and sell merchandise to the applicant, the principle owners, officers or partners must sign the following assumption of responsibility and personal guaranty agreement. If applicants business is a sole proprietorship this application must have the signature of spouse, or if a partnership this application must have the signatures of all partners.

Applicant assume full responsibility for and personally guarantee payment of all past, current and future sums due and payable to BMC Sand LLC under Net 30 terms by the applicant above listed, including reasonable finance charges, attorney's fees, 3rd party collection fees, court costs, and interest (18% per annum), should the account become delinquent and/or placed for collections. The undersigned agrees that any and all disputes shall be governed by the law of the State of Missouri and all claims shall be brought to and maintained in the Circuit Court of St. Louis County, Missouri.

Applicant certifies that all the information on this form is correct. Applicant fully understands your credit terms are Net 30 and agree to payment in accordance with those terms in consideration of credit. The above information is submitted only for the purpose of obtaining credit accommodation. Applicant authorizes BMC Sand LLC access to the applicant's credit history.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Company: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Company: _____

***PLEASE RETURN THIS APPLICATION BY:
FAX TO 314-373-1008 or E-MAIL TO tina.johnson@bmcsand.com***