



**Corporate Office**  
 P.O. Box 440459  
 St. Louis, MO 63144  
 636-685-8006  
 Fax: 314-962-1540

**Bonne Terre Quarry**  
 6801 Vo-Tech Rd  
 Bonne Terre, MO 63628  
 573-358-1686  
 Fax: 573-358-1687

**Fruitland Quarry**  
 5154 U.S. Highway 61  
 Jackson, MO 63755  
 573-204-0303  
 573-204-0831

## **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: \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_ STATE CHARTER # \_\_\_\_\_

ANY PENDING LITIGATION? Yes  No  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
BUSINESS NAME	PHONE NUMBER	FAX NUMBER
BUSINESS ADDRESS	CITY	STATE ZIP CODE
BUSINESS NAME	PHONE NUMBER	FAX NUMBER
BUSINESS ADDRESS	CITY	STATE ZIP CODE
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**CREDIT APPLICATION**

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 Base Rock Minerals 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 Base Rock Minerals under Net 30 terms by the applicant above listed, including reasonable finance charges, attorney's fees, 3<sup>rd</sup> 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 Base Rock Minerals access to the applicant's business and/or personal credit history as necessary to establish and maintain this account.

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@baserockminerals.com**