

C
R
E
D
I
T

A
P
P
L
I
C
A
T
I
O
N



AGGREGATES WEST INC
PO BOX 1466
SUMAS WA 98295
TEL: (360) 966-3641 FAX (360) 966-7830

Account Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Mailing Address

Address _____

City _____ State _____ Zip Code _____

Applicants: Individual ____ Proprietorship ____ Partnership ____ Corporation ____

Type Of Business _____

How Long In Business _____ Years _____ Months _____

Principal /Owners Or Partners

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Title _____

Social Security Number: _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Title _____

Social Security Number: _____

Bank Reference

Bank _____ Branch _____ Telephone(____) _____

Account Number _____ Date Opened Account _____

Address _____

City _____ State _____ Zip Code _____

Trade References

Please list below at least FIVE trade references that currently extend you credit.

Name of Company City/State WILL NOT PROCESS WITHOUT FAX # FAX # ONLY THANKS!!!

1. _____
2. _____
3. _____
4. _____
5. _____

Terms and Conditions of Credit Agreement

1. Applicant agrees that any extension of credit by Aggregates West, Inc. shall be subject to the following terms and conditions: All accounts shall become due 20 days after the date of the original invoice, with the exception of equipment rentals which are due (one month) in advance. There shall be a service charge of 1.5% per month on all overdue accounts. Payments shall be applied as follows: First against outstanding service charges, second against overdue accounts and third against accounts not yet due. All collection expenses, including legal costs (including those as between solicitor and client) which may be incurred by Aggregates West Inc. in attempting to collect any amounts owing by the applicant shall be paid by the applicant.
2. The undersigned represents himself/herself as being an authorized representative of the Applicant with authority to enter into this agreement.
3. In the event the Applicant is a Corporation, the undersigned guarantees to pay all amounts owing by the Applicant to Aggregates West, Inc.

Print Name _____

Authorized Signature _____

Title _____

Date Signed _____

I/we hereby consent to the conduct of a personal investigation by Aggregates West, Inc. and/or a reporting agency for the purpose of establishing this account.