

Business Credit Application

In order to expedite the credit process for your company, please complete the information below and send via email to **david.fox@sturgismaterials.com** or fax to (866) 906-1181. Note that processing time is dependent upon response time from your bank and trade references. <u>E-mail addresses are required for all bank and trade references.</u>

Name/Address					
Last:	First:		E-Mail:	Title	
Name of Business:				Tax I.D. No	umber
Address:					
City:	State:	ZIP:		Phone:	
Company Inforn	nation				
Type of Business:			In Business S	since:	
Legal Form Under Which	ch Business Operates:				-
		rporation	Partnersl		Proprietorship \square
If Division/Subsidiary, N	Name of Parent Compan	y:	In Bus	siness Since:	
Corporate Principals: N	lame & Title				
Corporate Principals: N	lame & Title				
Accounts Payable Cont	tact:		AP Contac	ct Phone:	
AP Contact Email:					
Who is allowed to charg	ge on this account:		Amount	Requesting:	
Are purchases tax exer	npt? YES NO If so	o, please attach a	copy of your tax exer	nption certificate	e.
Bank Reference					
Institution Name:	<u> </u>				
Checking Account Num	 nber				
-					
Address:					
Bank Officer:		E-Mail (Required):			

Trade References

Company Name:		
Contact Name:	Contact Email (Required):	
Address:		
Phone:		
Account Opened Since:		
Credit Limit:		
Current Balance:		
Company Name:		
Contact Name:	Contact Email (Required):	
Address:		
Phone:		
Account Opened Since:		
Credit Limit:		
Current Balance:		
Company Name:		
Contact Name:	Contact Email (Required):	
Address:		
Phone:		
Account Opened Since:		
Credit Limit:		
Current Balance:		
inderstanding that it is to be used to	o determine the amount and conditions and in this credit application to release ne	curate. This information has been furnished with t s of the credit to be extended. Furthermore, I here ecessary information to the company for which credit
Signature		Date