

 **KINSELLA QUARRIES**
Application for Credit

Name of Account _____ Year Business Started _____

Name of Applicant (If Sole Proprietor) _____

If Individual, Social Security Number _____

Address _____ City _____ St _____ Zip _____

Phone# _____ Fax _____ Mobile _____ Pager _____

If Partnership or corporation, give names of partners or officers, address, SSN

_____ Individual Owner _____

_____ Partnership _____

_____ Corporation _____

REFERENCES (BANK AND VENDORS):

Name	Address	Phone	Fax
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Purchasers agree that any credit that may be extended by vendor/lessor herein is subject to the following terms. Service charges at the rate of 1.5% per month will be charged on all balances unpaid for a period in excess of thirty (30) days and if vendor/lessor employs the service of an attorney to collect any delinquent account, Purchaser agrees, in addition, to pay vendor/lessor's expenses, including attorney fees.

The above information is true and complete and is given in order to obtain merchandise on credit.

Purchaser and Guarantor(s) are notified that a consumer report may be requested with respect to one or more of such person from a Consumer Reporting Agency in connection with this application, and upon request will be informed whether or not a consumer report was requested as to any such person, and if such report was requested, such person shall be informed of the name and address of the Consumer Reporting Agency that furnished the report.

In consideration of credit being extended to the above purchaser, I/We, jointly and severally, personally guarantee payments of any and all amounts, interest thereon, charges and expenses incurred by Purchaser as though ordered for and charged for and charged to my (our) account(s). It is understood and agreed that without this guarantee, no credit would be extended, and if it is extended it is primarily due to the personal liability created hereunder.

Date _____ Signature _____ Soc. Sec. Number _____

Date _____ Signature _____ Soc. Sec. Number _____