



SMITH SAND & GRAVEL, INC.
DJ SMITH TRUCKING, LLC.
PO BOX 166
MARCELLUS, NY 13108

Please email completed application to: chelsea@smithgravelco.com or fax: (315) 673-9960

COMMERCIAL CREDIT APPLICATION		
Company Name:	Years In Business:	
Billing Address:		
City:		
State:	Zip Code:	Phone:
Physical Address (If Different):		
Tax Exempt #: (Certificate Must Be Attached)		Fax:
Electronic Invoicing (Please specify):	Yes / No	Email:
FULL NAME OF OWNER(S) OR AUTHORIZED OFFICER(S)		
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
TRADE REFERENCES (Accounts used within the last year)		
Vendor	Vendor	Vendor
Address	Address	Address
Phone	Phone	Phone
FINANCIAL INFORMATION		
Credit Limit Requested:		
Has the officer or company ever filed for bankruptcy: Yes / No		
If so, please provide date:		

TERMS OF SALE: Net 15 Days.

We accept all major credit cards. Interest may be charged on all past due accounts. There is a \$25.00 returned check fee. The customer certifies that the information provided herein is true and complete and authorizes us to investigate their credit worthiness, including and not limited to credit reports, vendors references, banks references, and other inquiries necessary. The undersigned agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of New York State law.

Customer agrees that if credit is extended, all credit and sales made shall be subject to the following: A. Customer shall pay the full invoice(s) amount within 15 days of the invoice date, unless an alternate agreement is in place by the customer and Smith Sand & Gravel, Inc., in writing. B. I understand that I will be billed a service charge of 1.5% per month on any unpaid invoices. In the event of nonpayment, the customer agrees that they are liable for the cost of collection including but not limited to reasonable attorney fees and court costs.

I have read and agreed the terms and conditions stated above.

Officer Name _____

Title _____

Signature _____

Date _____