

Business Credit Application

Last:	First:		Middle Initial:	Title		
Name of Business:		10-11-11-11-11-11-11-11-11-11-11-11-11-1		Tax I.D. Number	Tax I.D. Number	
Address:						
City:	State:	ZIP:		Phone:		
Company Informa	ation					
Type of Business:			In Business S	Since:		
Legal Form Under Which	Business Opera	ates:				
	Corporation			Partnership ☐ Proprietorship ☐		
If Division/Subsidiary, Nar	me of Parent Co	ompany:	In Bu	siness Since:		
Name of Company Princip	pal Responsible	for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:		
Name of Company Princip	oal Responsible	for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:		
		Institution Name:		Institution Name:		
Institution Name:		Institution Name:		Institution Name:		
Checking Account #:		Savings Account #:		Home Equity Loan:	Loan Balanc	
Address:		Address:		Address:		
Phone:		Phone:		Phone:		
				THE RESERVE THE PERSON NAMED IN		
rade References Company Name:		Company Name:		Company Name:		
Contact Name:		Contact Name:		Contact Name:		
Address:	· · · · · · · · · · · · · · · · · · ·	Address:		Address:		
Phone:		Phone:	St. Comments	Phone:		
Account Opened Since:		Account Opened Since:		Account Opened Sin	ce:	
Credit Limit:		Credit Limit:		Credit Limit:		
Current Balance:		Current Balance:	ce: Current Balance:			

ional Names: (Authorized to charge)		
anding that it is to be used to determine the amo ze the financial institutions listed in this credit applic	ount and conditions of the credit to be e cation to release necessary information to	extended. Furthermore, I hereby
ature	Date	
orar o	Date	
	If account remains past due over 120 days charged by certify that the information contained herein is tanding that it is to be used to determine the among the financial institutions listed in this credit applications.	ats are due in full on the 15 th of the month. There will be a finance charge of 1.5% If account remains past due over 120 days charging privileges may be suspended. By certify that the information contained herein is complete and accurate. This information that it is to be used to determine the amount and conditions of the credit to be a certify that it is to be used to determine the amount and conditions of the credit to be a certify the information contained herein.



Harris Sand & Gravel, INC

P.O. Box 6 260 Airport Road Valdez, AK 99686 (907) 835-4756

Dear Valued Customer:

Harris Sand & Gravel is pleased to announce that we are planning to implement a new program to automate delivery of Statements and Invoices by email. To enable this we need a valid email address (or multiple email addresses) where you want these documents delivered.

When we activate the program the appropriate individual or multiple individuals will be immediately notified by email whenever activity occurs on your account. If an invoice is processed, the Invoice will be emailed to you with the "electronic signature" of whoever signed for this purchase. If an order is taken by phone the emailed invoice will reflect that as the ordering method. At month-end your Statement will also be emailed.

Please fill out this form and return by mail with your company Name, email address(s) and Mark YES or NO if you would still like a hard copy Mailed at the end of the month.

COMPANY NAME	ACCOUNT NUMBER#		
EMAIL #1			
Attn:			
EMAIL #2			
Attn:			
EMAIL #3			
Attn:			

HARD COPY MAILED YES



Thank you for your support as we streamline the delivery of these important documents.

Any questions please feel free to contact me.