

# SUNDRE SAND & GRAVEL, INC.

6220 37th Avenue Southeast

Minot, North Dakota 58701

Phone # (701)838-4455 Fax # (701)852-3809

sundre@sundregravel.com

## CREDIT APPLICATION & AGREEMENT

Legal Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Description of Business \_\_\_\_\_ How long in business \_\_\_\_\_

Person to contact about Account \_\_\_\_\_ Credit requested \_\_\_\_\_

Purchase Orders required Y / N Sales Tax Exempt Y / N **\*\* (if yes, please include tax exempt certificate)\*\***

TYPE OF BUSINESS: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other

Names: \_\_\_\_\_

Owner / Partner

Partner / Vice President

SS#/EIN: \_\_\_\_\_

Owner / Partner

Partner / Vice President

### BANK INFORMATION:

Bank \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Acct No. \_\_\_\_\_ Type \_\_\_\_\_

Acct No. \_\_\_\_\_ Type \_\_\_\_\_

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

### TRADE REFERENCES: (Equipment, Parts, Service, Trade)

Name	Address	Phone	Fax/Email
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1	_____	_____	_____
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2	_____	_____	_____
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3	_____	_____	_____
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**Credit Policy:** Statements are issued the month following purchase. COD restrictions may be placed on any past due account.

**Credit Terms:** All charges are due upon receipt. A non-refundable annual interest rate of 18% will be charged on all unpaid balances over 60 days, with a minimum fee of \$3.00.

**Venue:** All amounts due are payable to Sundre Sand & Gravel, Inc. It is further agreed that this agreement is entered into the state of ND and is governed by the laws of the state of ND.

**Change of Ownership:** I/We understand that we must notify Sundre in writing and by certified mail of any change in ownership, the name of the business under which credit is established.

**Applicant's signature attests financial responsibility, ability, and willingness to pay in accordance with above terms.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Personal Guarantee:** The undersigned, by signature below, personally and individually guarantees payment of all charges made by the above named company. It is understood by guarantor that any defaults or failure to pay within terms by the above company will result in automatic demand for the full balance owed to be paid by guarantor.

Guarantor Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Print name: \_\_\_\_\_ Witness: \_\_\_\_\_

### Office Use Only

Date Approved \_\_\_\_\_

Credit References \_\_\_\_\_

Approved Amount \_\_\_\_\_

Contractor License \_\_\_\_\_

Approved by \_\_\_\_\_

W9 \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
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