



CREDIT APPLICATION

Company Name _____ Date _____
 Street Address _____ Telephone (____) _____ - _____
 City _____ State _____ Zip _____ Fax No. (____) _____ - _____
 Billing Address _____ Contact _____
 Number of Years in Business _____ Credit Line Requested _____ (Annual)
 Annual Sales \$ _____ Dun No. _____ Federal Tax ID Number _____
 Alabama Sales Tax Exempt No. _____ or _____ (State) Tax Exempt No. _____

A COPY OF YOUR TAX EXEMPT CERTIFICATE MUST ACCOMPANY THIS APPLICATION.

Other Applicable Taxes If Not Exempt: _____ (State) _____ %
 _____ (City) _____ %
 _____ (County) _____ %

Type of Business: _____ Partnership _____ Proprietorship _____ Corporation _____ Other _____
 P.O. Number Required _____ Yes _____ No _____

OWNERSHIP	
Owner Name _____	Telephone (____) _____ - _____
Address _____	Fax No. (____) _____ - _____
Owner Name _____	Telephone (____) _____ - _____
Address _____	Fax No. (____) _____ - _____

TRADE REFERENCES	
Company Name _____	Telephone (____) _____ - _____
Address _____	Fax No. (____) _____ - _____
Company Name _____	Telephone (____) _____ - _____
Address _____	Fax No. (____) _____ - _____
Company Name _____	Telephone (____) _____ - _____
Address _____	Fax No. (____) _____ - _____

BANK REFERENCE	
Bank Name _____	Telephone (____) _____ - _____
Address _____	Fax No. (____) _____ - _____
Contact Person _____	

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY **INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.**

Authorizing Signature _____ Date _____
 (Printed Name) _____ Title _____

I THE UNDERSIGNED HEREBY AGREE TO PAY ALLIANCE SAND AND AGGREGATES, LLC ALL AMOUNTS AND CHARGES HEREAFTER INCURRED BY MYSELF OR MY AGENTS FOR MERCHANDISE AND SERVICES. THE AMOUNT AS SHOWN ON **THE BOOKS AND RECORDS SHALL BE DUE ON DEMAND AND TO SECURE PAYMENT. I AGREE TO PAY COSTS OF COLLECTION INCLUDING ATTORNEY FEE AND WAIVE MY RIGHT OF EXEMPTION UNDER THE CONSTITUTION AND LAWS OF THE STATE OF ALABAMA.**

Authorizing Signature _____ Date _____
 (Printed Name) _____ Title _____

FAX CREDIT APPLICATION BACK TO (256) 353-1843