



**CUSTOMER CREDIT APPLICATION**

**APPLICANT INFORMATION FOR INDIVIDUAL OR BUSINESS (THE "CUSTOMER")**

LEGAL NAME: \_\_\_\_\_  
DBA (IF ANY): \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
WORK TEL #: \_\_\_\_\_ CELL #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
COMPANY WEBSITE: \_\_\_\_\_ DUNS # (IF ANY): \_\_\_\_\_  
SOCIAL SECURITY # or FEDERAL TAX ID #: \_\_\_\_\_ BUSINESS FORMATION DATE: \_\_\_\_\_  
ANNUAL SALES REVENUE? (MARK ONE): \_\_\_\_\_ < 1,000,000 > \_\_\_\_\_ < 2,500,000 > \_\_\_\_\_ < 10,000,000 > \_\_\_\_\_

**ACCOUNT PAYABLE CONTACT INFORMATION**

ACCTS PAYABLE CONTACT: \_\_\_\_\_ EMAIL INVOICES (MARK ONE): YES \_\_\_\_\_ NO \_\_\_\_\_  
ACCTS PAYABLE CONTACT EMAIL ADDRESS: \_\_\_\_\_  
PREFERRED PAYMENT METHOD(S): \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ CHECK \_\_\_\_\_ CASH \_\_\_\_\_ ACH \_\_\_\_\_

**TYPE OF BUSINESS STRUCTURE**

INDIVIDUAL: \_\_\_\_\_ S-CORP: \_\_\_\_\_ C-CORP: \_\_\_\_\_ LLC: \_\_\_\_\_ GP or LP PARTNERSHIP: \_\_\_\_\_  
PRIVATELY HELD: YES \_\_\_\_\_ NO \_\_\_\_\_ PUBLICLY TRADED: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, TICKER SYMBOL: \_\_\_\_\_

**PRINCIPALS, OFFICERS OR OWNERS (LIST ALL OWNERS WITH 20% OR MORE % OWNERSHIP)**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
HAVE YOU and/or ANY OWNERS EVER FILED FOR BANKRUPTCY? (MARK ONE): YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS A JUDGEMENT EVER FILED AGAINST YOU and/or ANY OWNERS? (MARK ONE): YES \_\_\_\_\_ NO \_\_\_\_\_

**THE PERSONS LISTED BELOW ARE AUTHORIZED TO PLACE ORDERS ON THE ACCOUNT**

|             |              |              |
|-------------|--------------|--------------|
| NAME: _____ | TITLE: _____ | TEL #: _____ |
| NAME: _____ | TITLE: _____ | TEL #: _____ |
| NAME: _____ | TITLE: _____ | TEL #: _____ |
| NAME: _____ | TITLE: _____ | TEL #: _____ |

**PRIMARY BANKING REFERENCE**

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_



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**TRADE REFERENCES**

VENDOR #1 NAME: \_\_\_\_\_ VENDOR CREDIT LIMIT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_  
VENDOR #2 NAME: \_\_\_\_\_ VENDOR CREDIT LIMIT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_  
VENDOR #3 NAME: \_\_\_\_\_ VENDOR CREDIT LIMIT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_

**REQUIREMENTS FOR PRODUCT SALES ORDERS PLACED ON ACCOUNT**

ARE PURCHASE ORDERS REQUIRED? (MARK ONE): YES \_\_\_ NO \_\_\_  
ARE JOB NUMBERS REQUIRED? (MARK ONE): YES \_\_\_ NO \_\_\_  
ARE YOU SALES TAX EXEMPT? (MARK ONE): YES \_\_\_ NO \_\_\_

**SALES TAX IS CHARGED ON ALL PRODUCT SALES ORDERS, IF YOU ARE CLAIMING A SALES TAX EXEMPTION, A FORM MUST BE COMPLETED AND RETURNED TO OUR COMPANY SUPPORTING SUCH EXEMPTION FROM SALES TAX**

I certify, to the best of my knowledge, that the above information is complete and accurate as of the date of this application. I authorize Colorado Aggregate Recycling LLC (the "Company") to obtain information about the undersigned Customer from credit-reporting agencies and hereby authorize the above-named bank(s), financial institution(s), and trade reference(s) to release such information to the Company. The Company is authorized to send information to the Customer by mail, fax or email. I understand credit account payment terms are due NET 30 of days from the Invoice Date. In the event the Company is required to retain an attorney or collection agency to enforce a provision of this agreement, the Customer shall be responsible for any legal fees, collection costs, expenses and agrees finance charges of 1.75% per month or (21% per annum) shall apply on such past due balances. The laws of Colorado shall govern the transactions and the Company will elect the venue and jurisdiction. Customer agrees facsimile, electronic medium, or other copy of this agreement shall be valid as the original. Should credit be extended to the Customer, all decisions with respect to the continuation, modification, or termination of such credit is at the sole and absolute discretion of the Company. Customer represents and warrants they have the financial ability to fulfill its obligations under this agreement. The Customer may request to purchase aggregate products priced by the cubic yard instead of per ton. Customer agrees any dispute as to the amount of a weight ticket(s) or invoice shall be submitted to the Company within 15 days of the Invoice Date. Thereafter, the Customer waives any further right to raise a dispute. By signing below, I certify I am authorized to execute this credit application and bind the Customer to the terms and conditions contained herein.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



**PERSONAL GUARANTEES (REQUIRED FROM OWNERS OF 20% OR MORE)**

I, \_\_\_\_\_, for and in consideration of Colorado Aggregate Recycling LLC (the "Company") extending credit to the Customer listed on this Customer Credit Application, hereby personally guarantee the payment of the Customer's credit obligations. I agree to pay the Company on demand any sum which may become due when the Customer fails to pay the same. I hereby waive notice of default for non-payment. My termination of this guarantee must be made in writing to the Company and such termination will not release me from any balance outstanding at the time.

GUARANTOR SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_

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PRINTED NAME: \_\_\_\_\_

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PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_