

CREDIT APPLICATION

Fax to: (800) 684-0904 7266 Park Circle Drive, Hanover, Maryland 21076 | (410) 782-9150 | (800) 684-0901 DATE: FIRM NAME: ADDRESS: FAX: EMAIL: **BUSINESS INFORMATION** DATE FOUNDED: _____ DATE INCORPORATED: _____ DUNS NUMBER TYPE OF BUSINESS: ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION **DETAILS OF OWNER(S), PARTNERS OR OFFICERS:** 1. NAME ______ TITLE _____ HOME ADDRESS: HOME PHONE: (_____)___-SOCIAL SECURITY NUMBER: ____-__-2. NAME TITLE HOME ADDRESS: SOCIAL SECURITY NUMBER: - -3. NAME ______ TITLE _____ HOME ADDRESS: SOCIAL SECURITY NUMBER: ____-_-4. NAME TITLE HOME ADDRESS: HOME PHONE: (____)______ SOCIAL SECURITY NUMBER: _-__-

NAME: _____ TITLE: EMAIL: **BANK REFERENCES** BANK NAME: BANK ADDRESS: CONTACT NAME: PHONE NUMBER: () -TRADE REFERENCES 1. COMPANY NAME: ADDRESS: (_____)___-___ PHONE: FAX: () -ACCOUNT NUMBER: 2. COMPANY NAME: ADDRESS: PHONE: () -FAX: -ACCOUNT NUMBER: 3. COMPANY NAME: _____ ADDRESS: -____ PHONE: -FAX: ACCOUNT NUMBER: ____ 4. COMPANY NAME: ADDRESS: PHONE: ____ FAX: -____ ACCOUNT NUMBER:

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:

NAME:	
TITLE:	
EMAIL:	
POLICY STATEMENT: CREDIT AND COLLECTION	
Our credit application form must be completed, returned and on file alon statement as a condition to maintain an open account.	g with this policy
TERMS: Net 30 days	
PAYMENTS: Each invoice is due in full on or before 30 days following the returns or debits on account must be approved by us prior to payment or	•
PAST DUE ACCOUNTS: Past Due accounts of 60 days or more are sufficient Hold or C.O.D. without notice and will remain so until arrangement department have been made.	
Any account with an unpaid invoice 60 days old will be notified at this time working days for remittance of payment before being placed with our collection cost will be borne by the customer if the account must	ection agent. Attorney's
Cathedral Stone Products is a material supplier only. Our invoices herein and not subject to any other payment schedules of the purc contract/construction agreements or withholding of retainage.	
The customer does hereby agree to all of the above policy statement for extension of credit by Cathedral Stone Products, Inc.	consideration and
Company Name:	
Authorized Signature:	
(please print name):	

Title: ______ Date: _____