



Great people. Great products.® (603) 545-3300

*These signatures may be copied for purposes of obtaining credit references.

Or return it by mail to: The Granite Group Attn: Credit PO Box 2004 Concord, NH 03302-2004

GOVERNMENT & INSTITUTIONAL APPLICATION FOR CREDIT

The Granite Group Employee Taking Application						Date			
Name of Person Requesting Credit					Business Phone				
Full Name of Business (Billing Nam	e)				Fax No.				
Mailing Address									
City			State		Zip Code				
Street Address									
This Business Is: (Please Check One)	Proprietorship Partnership	Corporation F	ed. I.D. No.	Years Busin			Type of Business		
Have you ever filed for bankruptcy	Personal Business If yes, ple	ase give year {	& state	Sales Tax Exemp	Yes		st Be Attached		
		NIANAEC	AND TITLES OF OWN	EDC DADTI	NEDS OD ()EEICEDS			
1. Name		IVAIVIES	Title	ENS, PANTI	NENS, ON C		oc. Sec No.		
2. Name			Title			50	oc. Sec No.		
3. Name			Title			So	oc. Sec No.		
			SUPPLIER TRAD	DE REFERE	NCES				
1. Name			A/C#			P	hone No.		
City			State	How	Long	Fa	ax No.		
2. Name			A/C#			P	hone No.		
City			State	How	Long	Fa	ax No.		
3. Name			A/C#			P	hone No.		
City			State	How	Long	Fa	ax No.		
of the credit depart For myself, my succ line different than t Wholesalers, LLC (ti I/we understand th per month (24% AP I/we agree to notify agree to the above account in the ever party agrees that th	essors, heirs and assigns, I/w he line requested. Should the he Company) will not be held at all balances are due in full R). (the Company), by certified terms. I/we agree to the Ter it it becomes overdue. If the he electronic signatures of the	Wholesalers, re promise to is limit be exc if responsible net 30 days if mail, of all clims of Conditiaccount is tue e parties inclinated.	LLC (the Company), and that all of pay all debts arising out of this exceded, Applicant acknowledges if this occurs. from the date of the statement. I hanges of ownership or changes on of sales as stated on each invorred over for collection, the 24% uded in this Agreement are intention.	redit references xtension of cred sole liability for to /we further und in the legal struc pice. I/we also ag annual percenta ded to authentic	may be contact. It. Upon approva the full amount of erstand that account of the afore gree to pay costs age rate will cont cate this writing	ed to obtain per- al of this credit a due and owing, a counts not paid w ementioned busi of collection an tinue if/when su and to have the	inderstand the above information is for sonal and business credit information. pplication, Applicant may receive a creand acknowledges that The Granite Gravithin 30 days incur a finance charge of timess within 30 days of said changes. I/d reasonable attorney collection fees of it is filed and account is paid in full. Eas same force and effect as manual signal STATES. Signature must be that of an	f 2% /we on this ach	
*Signature and Title			Date	*Signature ar	nd Title		Date		

BUSINESS BANKING REFERENCES

Name						
Address						
Contact Person						
Type of Account						
Account No.						
Credit Line Requested	Number of Employees					
Do you require PO's? Yes No	Do you require job name	es? Yes No				
,	Email Address*					
*PLEASE NOTE: All Granite Group Invoices and Statements will be delivered via Email to the addre	ess listed above.					
Primary Puchasing Contact	Email Address*					
Same as above						
*PLEASE NOTE: This person will be setup as the administrator of online access to the account for	order history, price and availability,	and user management.				
open order status. Through the Online Store, you can view monthly specials, shop our complete product catalog with images and documents (install guides, spec sheets, MSDS sheets) as well as check pricing availability. To opt out of this program, please check here: INDIVIDUAL PERSONAL GUARANTEE In consideration of the extending of credit to the above person/partnership/corporation at my request, I hereby guarantee to The Granite Group Wholesalers, LLC (the Company), the prompt payment, when due, of every claim and debt of the above person/partnership/corporation to the Company. This Guarantee is given by the undersigned in order to induce the Company to extend credit to the above-named person/partnership/corporation. For myself, my successors, heirs and assigns, I hereby agree to bind myself to pay the Company on demand any sum which may be or become due to the Company by the person/partnership/corporation whenever the person/partnership/corporation shall fail to pay the same. At its election and in its sole discretion the Company may demand and collect payment of overdue amounts, 2% per month-finance charge (24% APR), costs and attorney's fees on the above account from either the above person/partnership/corporation or the undersigned individually. This individual Guarantee is continuing and may be revoked prospectively. The obligation of the undersigned is immediate and the Company has no obligation to proceed against the Applicant before first proceeding against the undersigned. Any such revocation to be effective must be signed and in writing. The parties acknowledge that this instrument is not governed by Article 3 of the Uniform Commercial Code. Each party agrees that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Signature (Without Title) Date						
	, ,					
	Signature (Without Title)	Date				
FOR OFFICE USE ONLY						
TON OTTICE OSE ONE!						
		Approved:				
A/C#:		Denied:				
DATE APPROVED/DENIED:						
		Ву:				
SALESMAN:		Credit Manager				
INITIAL CREDIT LINE: PC: TYPE	:	Cicuit Manager				