



Email this credit application to:
credit@thegranitegroup.com

Primary Purchasing Contact:

Name

Email

APPLICATION FOR CREDIT

The Granite Group Employee Taking Application					Date	
Name of Person Requesting Credit					Business Phone	
Full Name of Business (Billing Name)					Fax No.	
Mailing Address					Home Phone	
City			State		Zip Code	
Street Address					Owner's Email Address	
This Business Is: (Please Check One)	Proprietorship	Partnership	Corporation	Fed. I.D. No.	Plumber License No.	D.O.B.
Years in Business		Type of Business			Social Security No.	
Have you ever filed for bankruptcy	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	If yes, please give year & state			
Sales Tax Exemption Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copy Must Be Attached		Spouse's Name	
					Spouse's Soc. Sec. No.	

NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS

1. Name	Title		Soc. Sec No.	
Home Address	City	State	Zip	
2. Name	Title		Soc. Sec No.	
Home Address	City	State	Zip	
3. Name	Title		Soc. Sec No.	
Home Address	City	State	Zip	

SUPPLIER TRADE REFERENCES

1. Name	A/C#	Phone No.	
City	State	How Long	Fax No.
2. Name	A/C#	Phone No.	
City	State	How Long	Fax No.
3. Name	A/C#	Phone No.	
City	State	How Long	Fax No.

I/we hereby request credit to be extended to the above person/partnership/corporation and certify that the above information is correct. I understand the above information is for use of the credit department of The Granite Group Wholesalers, LLC (the Company), and that all credit references may be contacted to obtain personal and business credit information. For myself, my successors, heirs and assigns, I/we promise to pay all debts arising out of this extension of credit. Upon approval of this credit application, Applicant may receive a credit line different than the line requested. Should this limit be exceeded, Applicant acknowledges sole liability for the full amount due and owing, and acknowledges that The Granite Group Wholesalers, LLC (the Company) will not be held responsible if this occurs.

I/we understand that all balances are due in full net 30 days from the date of the statement. I/we further understand that accounts not paid within 30 days incur a finance charge of 2% per month (24% APR).

I/we agree to notify (the Company), by certified mail, of all changes of ownership or changes in the legal structure of the aforementioned business within 30 days of said changes. I/we agree to the above terms. I/we agree to the Terms of Condition of sales as stated on each invoice. I/we also agree to pay costs of collection and reasonable attorney collection fees on this account in the event it becomes overdue. If the account is turned over for collection, the 24% annual percentage rate will continue if/when suit is filed and account is paid in full. 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.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND AGREEMENT TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS STATED.

***Signature must be that of an owner or officer of the business.

*Signature and Title

Date

*Signature and Title

Date

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

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED BEFORE APPLICATION WILL BE APPROVED.

BUSINESS BANKING REFERENCES

Name _____

Address _____

Contact Person _____

Type of Account _____

Account No. _____

Real Estate Owned _____

Name of Mortgagor/Address _____

Title in Name of (list co-signer if applicable) _____

Total Assets _____

Accounts Receivable Outstanding _____

Credit Line Requested _____

Previous Employer (If in business less than 2 years) _____

PERSONAL BANKING REFERENCES

Name _____

Address _____

Contact Person _____

Type of Account _____

Account No. _____

Market Value _____

Total Liabilities _____

Accounts Payable Outstanding _____

Number of Employees _____

Do you require PO's? Yes No

Do you require job names? Yes No

Do you accept BO's? Yes No

Accounts Payable Contact _____ Email Address* _____

***PLEASE NOTE:** All Granite Group Invoices and Statements will be delivered via Email to the address listed above.

MY GRANITE ACCESS/GRANITE GROUP ONLINE STORE: Your Granite Group account includes a pre-approved My Granite Access/Granite Group Online Store account. "My Granite Access" (MGA) is your one-stop, digital connection with The Granite Group. With your MGA/Online Store account, you can securely view: current and past invoices, credit balances and 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

A/C#: _____

TGG LOCATION: _____

INITIAL CREDIT LINE: _____ PC: _____ TYPE: _____

SALESMAN: _____

Date Approved/Denied: _____

Approved: _____

Denied: _____

By: _____

Credit Manager