

Primary Purchasing Contact:

Name	Email

					APPLICATION	N FOR C	KEDII			
he Granite Group Imployee Taking App	lication						Date			
Name of Person Requesting Credit						Business Phone				
ull Name of Business (Billing Nam	e)						Fax No.			
Mailing Address					Home Phone					
City State							Zip Code			
treet Address							Owner's Email Address			
his Business Is: Please Check One)	Propri	etorship	Partnership	Corporation	Fed. I.D. No.		Plumber License No.		D.O.B.	
ears in Type of Business Business					Social Security No.					
lave you ever filed or bankruptcy	·					Spouse's Name				
ales Tax Exemption I	Yes ales Tax Exemption Form No Copy Must Be Attached					Spouse's Soc. Sec. No.				
			N.A	AMES AI	ND ADDRESSES OF OV	WNERS, PAI	RTNERS, OR OF	FICERS		
. Name					Title		·	Soc. Sec No.		
Home Address					City			State	Zip	
. Name					Title			Soc. Sec No.		
Home Address City					City			State	Zip	
B. Name Title								Soc. Sec No.		
Home Address					City			State	Zip	
					SUPPLIER TRA	DE REEERE	NCES			
. Name					A/C#	DE IVEI EIVE	11023	Phone No.		
City					State	How	Long	Fax No.		
2. Name A/C#							20116	Phone No.		
·					State	How	Long	Fax No.		
S. Name A/C#						11000	LONG	Phone No.		
City					State	How	Long	Fax No.		
/we hereby reques of the credit depart or myself, my succ ine different than t Wholesalers, LLC (tl	ment of essors, he line he Com at all ba	of The Gr heirs and requeste npany) w	ranite Group d assigns, I/v ed. Should th ill not be hel	Wholesalers ve promise t iis limit be ex d responsibl	son/partnership/corporation and, LLC (the Company), and that all o pay all debts arising out of this acceded, Applicant acknowledges e if this occurs.	d certify that the a credit references extension of cred s sole liability for t	above information is cor may be contacted to ob lit. Upon approval of this the full amount due and	otain personal and bus s credit application, A _l I owing, and acknowle	siness credit information. pplicant may receive a cre edges that The Granite Gr	edit oup
/we agree to notify	(the C				changes of ownership or changes					

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 *Signature and Title Date

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

BUSINESS BANKING REFERENCES

PERSONAL BANKING REFERENCES

Name	Name							
Address	Address							
Contact Person	Contact Person							
Type of Account	Type of Account							
Account No.	Account No.							
Real Estate Owned	Market Value							
Name of Mortgagor/Address								
Title in Name of (list co-signer if applicable)								
Total Assets	Total Liabilities							
Accounts Receivable Outstanding	Accounts Payable Outstanding							
Credit Line Requested	Number of Employees							
Previous Employer (If in business less than 2 years)								
Do you require PO's? Yes No No	Do you require job nam	ies? Yes No No						
Accounts Payable Contact	Email Address*							
*PLEASE NOTE: All Granite Group Invoices and Statements will be delivered via Email to the addr								
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		Date Approved/Denied:						
A/C#:		Approved:						
TGG LOCATION:		Denied:						
INITIAL CREDIT LINE: PC: TYP	E:	Ву:						
SALESMAN:		Credit Manager						