

STATE LINE MACHINE, INC.

P.O. BOX 667
DELAWARE CITY, DELAWARE 19706-0667
TELEPHONE: 302-478-0285 / 800-314-0021
FAX: 302-478-7029

PLEASE RETURN COMPLETED APPLICATION TO: ACCOUNTING@STATELINEMACHINE.COM

APPLICATION FOR CREDIT

APPLICANT'S BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

FEDERAL TAX ID: _____ TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

SALES TAX EXEMPT YES NO IF YES, PLEASE ATTACH A SALES TAX EXEMPTION OR RESALE CERTIFICATE.

BUSINESS ENTITY

LEGAL FORM UNDER WHICH BUSINESS OPERATES:

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____ OTHER _____

IN BUSINESS SINCE: _____ IF CORPORATION, STATE OF INCORPORATION: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOW DO YOU WISH TO RECEIVE STATE LINE MACHINE INVOICES? EMAIL MAIL

PLEASE LIST PEOPLE AUTHORIZED TO CHARGE TO THIS ACCOUNT. STATE LINE MACHINE, INC. WILL NOT BE RESPONSIBLE FOR UNAUTHORIZED CHARGES IF THIS SECTION IS NOT COMPLETED.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

CHECK IF APPLICABLE TO YOUR COMPANY

MUST HAVE A P.O.#

MUST HAVE A WRITTEN P.O.

MUST HAVE A JOB NAME

PRINCIPAL SHAREHOLDERS, CORPORATE OFFICERS, PARTNERS, AND PROPRIETORS

PLEASE LIST NAME, TITLE, HOME ADDRESS, AND HOME TELEPHONE

1. NAME: _____ TITLE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE: _____

2. NAME: _____ TITLE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE: _____

BANK REFERENCE

NAME OF BANK: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ FAX: _____ ACCOUNT # _____

TRADE REFERENCES

(PLEASE LIST CREDITOR NAME, CONTACT NAME, EMAIL & PHONE NUMBER FOR AT LEAST 3 REFERENCES.)

NAME OF CREDITOR: _____ CONTACT NAME: _____

EMAIL: _____ PHONE: _____

NAME OF CREDITOR: _____ CONTACT NAME: _____

EMAIL: _____ PHONE: _____

NAME OF CREDITOR: _____ CONTACT NAME: _____

EMAIL: _____ PHONE: _____

AUTHORIZATION FOR BANK OR TRADE REFERENCE TO RELEASE ANY REQUESTED INFORMATION TO US.

BY SIGNING THIS STATEMENT, I _____ ON BEHALF OF

_____ AUTHORIZE THE BANK OR TRADE REFERENCE LISTED ABOVE TO RELEASE ANY REQUESTED INFORMATION NECESSARY TO ENABLE US TO OPEN UP AN ACCOUNT WITH STATE LINE MACHINE, INC.

AUTHORIZED BY: _____ TITLE: _____ DATE: _____

STATE LINE MACHINE, INC.

200 STATE LINE RD.
WILMINGTON, DELAWARE 19803-1439
TELEPHONE: 302-478-0285 / 800-314-0021
FAX: 302-478-7029

1154 SOUTH CENTRAL AVENUE
LAUREL, DE 19805
TELEPHONE: 302-875-2248
FAX: 302-875-3545

“SERVING THE CONSTRUCTION INDUSTRY SINCE 1966”

CREDIT POLICY

All invoices are NET 30 DAYS after which a SERVICE CHARGE of 1.5% per month (18% per annum) will be applied to any unpaid balance.

ALL ACCOUNTS WITH INVOICES OVER 60 DAYS OLD WILL BE PLACED ON C.O.D.

Any accounts that are consistently on C.O.D. or are over 120 days old will be placed on permanent C.O.D.

There will be a \$35.00 charge for all returned checks.

SPECIAL EXTENDED PAYMENT TERMS will be made available at our discretion to good accounts. Service charges will be levied when a payment becomes past due. When a payment becomes 15 days past due, the account will be put on C.O.D. Abuse of any extended payment privileges will result in the account being placed on permanent C.O.D.

Service charges, collection charges, and any court or attorney fees accrued in the collection of unpaid invoices will be the debtor’s responsibility to pay in full.

The TERMS and CONDITIONS of this policy WILL BE STRICTLY ADHERED TO with no exceptions. In the event that you experience difficulty making any payments, PLEASE CONTACT US. We are willing to work with you; however, it is your responsibility to maintain communication with us regarding your account.

In consideration of State Line Machine, Inc., extending CREDIT to _____

I do hereby acknowledge receipt of this credit policy and expressly agree to all of the preceding terms and conditions and both CORPORATELY and PERSONALLY guarantee any and all amounts owed to State Line Machine, Inc., by the above named company or corporation.

SIGNED _____ TITLE _____

FOR _____ DATE _____
(COMPANY)

FOR INTERNAL PURPOSES ONLY NOT TO BE FILLED OUT BY APPLICANT

CREDIT LIMIT \$ _____ APPROVED BY _____

DATE APPROVED _____