

# U.S. Minerals, L.L.C.

## Credit Application \ Agreement (Page 1 of 2)

**Credit Department:** 2105 North Winds Drive Dyer, IN 46311 Phone (219) 864-0909 Fax (219) 864-4675

**Legal Business Name:** \_\_\_\_\_

**Parent Company Name (Other than Billing Name):** \_\_\_\_\_

**(Billing) Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_ **Business Property? OWN** \_\_\_\_\_ **or RENT** \_\_\_\_\_

**(Shipping) Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **A/P Contact:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Web Site Address:** \_\_\_\_\_

**Federal Tax ID# of SSN#** \_\_\_\_\_ **TAX EXEMPT?** \_\_\_\_\_ **If YES, Send Tax Exempt Form**

**Type of Organization:** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Sole Proprietor** \_\_\_\_\_ **Individual**

\_\_\_\_\_ **Other** \_\_\_\_\_

**Amount of Credit Requested:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**U.S. Minerals Salesperson:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**U.S. Minerals, L.L.C.**  
**Credit Agreement**

**Credit Application / Agreement (Page 2 of 2)**

(Name of Owners or Principals)

(Title)

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**Bank Name** \_\_\_\_\_ **Account #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Three Trade References (not related to your company):**

<u>Name</u>	<u>City/State</u>	<u>Phone</u>	<u>Fax</u>
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The undersigned warrants that all of the above information is true, accurate, and complete and that the individual signing this Agreement had the authority to enter this Agreement on behalf of the applicant. In consideration for extending credit, the undersigned hereby agrees to: 1) Pay its account on or before the date it becomes due and 2) In the event of overdue payments, agrees to pay: A) Interest at the maximum allowed rate (18% annually; 1.5% monthly) on the overdue amount and, B) all collection and/or attorney fees incurred in attempting to collect the overdue amount. **The undersigned further agrees that terms of payment shall be Net 30 days from the invoice date on all purchases.** The undersigned gives its permission to contract all Trade References and Bank Reference listed above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

