



CREDIT APPLICATION

OFFICIAL USE ONLY - DO NOT WRITE IN THIS AREA			
APPROVED _____	D&B _____		
DATE _____	LIMIT _____		

INSTRUCTIONS: PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND SIGN BELOW. WHEN COMPLETED, PLEASE FAX THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO 1-703-771-7987 OR EMAIL IT TO INFO@SAMEDAYAGGREGATES.COM. INCOMPLETE INFORMATION MAY RESULT IN LONGER PROCESSING TIMES. THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

PART I - COMPANY INFORMATION									
BUSINESS TRADE NAME			PARENT COMPANY (if different)			<input type="checkbox"/> BRANCH <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION		TAX ID (EIN) OR SSN*	
BILLING STREET ADDRESS					CITY, STATE, ZIP				
CORPORATE HEADQUARTERS ADDRESS					CITY, STATE, ZIP				
OWNER OR PRINCIPAL STOCK HOLDER			SOCIAL SECURITY NUMBER *		TELEPHONE		EMAIL		
ACCOUNTS PAYABLE CONTACT			TELEPHONE		FAX		EMAIL		
APPLICANT TYPE (SELECT ONE)					STATE OF INCORPORATION		YEAR OF INCORPORATION		
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE-PROPRIETORSHIP* <input type="checkbox"/> GOVT/MILITARY <input type="checkbox"/> INDIVIDUAL* <input type="checkbox"/> OTHER (specify): _____									
SELECT ALL STATES WHERE YOU ARE QUALIFIED TO DO BUSINESS				BUSINESS LICENSE NUMBERS	MARYLAND	VIRGINIA	DIST OF COLUMBIA	OTHER	
<input type="checkbox"/> MARYLAND <input type="checkbox"/> DISTRICT OF COLUMBIA (D.C.) <input type="checkbox"/> VIRGINIA <input type="checkbox"/> OTHER (specify): _____				▶▶▶▶	MD	VA	DC		
DESIRED LINE OF CREDIT		P.O. REQUIRED	PAYMENT METHOD (SELECT ONE)			BONDING AGENT (IF REQUIRED)		TELEPHONE	
\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CHECK <input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> CREDIT CARD						
PART II - BANK INFORMATION									
BANK NAME (CHECKING)			ACCOUNT NUMBER			CONTACT PERSON		TELEPHONE	
PART III - TRADE REFERENCES									
COMPANY NAME (1)			ACCOUNT NUMBER			TELEPHONE		FAX	
STREET ADDRESS					CITY, STATE, ZIP				
CONTACT PERSON					CONTACT PERSON EMAIL				
COMPANY NAME (2)			ACCOUNT NUMBER			TELEPHONE		FAX	
STREET ADDRESS					CITY, STATE, ZIP				
CONTACT PERSON					CONTACT PERSON EMAIL				
COMPANY NAME (3)			ACCOUNT NUMBER			TELEPHONE		FAX	
STREET ADDRESS					CITY, STATE, ZIP				
CONTACT PERSON					CONTACT PERSON EMAIL				
PART IV - CONSENT TO TERMS									
<p>I/WE HEREBY CERTIFY THAT ALL STATEMENTS MADE ARE TRUE AND COMPLETE, ARE SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT, AND THAT SAME-DAY AGGREGATES, LLC AND/OR THEIR AFFILIATES MAY RELY ON THEM FOR SUCH DETERMINATION. I/WE AUTHORIZE SAME-DAY AGGREGATES, LLC AND/OR ITS AFFILIATES TO OBTAIN SUCH INFORMATION AS YOU MAY REQUIRE CONCERNING THE STATEMENTS MADE IN THIS APPLICATION, AND AGREE THAT THE APPLICATION SHAPE REMAIN THE PROPERTY OF SAME-DAY AGGREGATES, LLC REGARDLESS OF CREDIT DECISION. SAME-DAY AGGREGATES, LLC MAY REQUIRE PERSONAL GUARANTEE(S) OF THE APPROPRIATE CORPORATE OFFICER(S) OR PRINCIPALS OF THE ENTITY REQUISITION CREDIT, A CREDIT CARD GUARANTEE, A BANK LETTER OF CREDIT, AND/OR AN OPERATING DEPOSIT. SAME-DAY AGGREGATES, LLC IS AUTHORIZED TO ANSWER QUESTIONS ABOUT THIS CREDIT EXPERIENCE BETWEEN SAME-DAY AGGREGATES, LLC AND ME/US. I CERTIFY THAT I/WE HAVE THE APPROPRIATE AUTHORITY TO REQUEST CREDIT AND TO ENTER INTO THIS ARRANGEMENT, IF APPROVED. I/WE ALSO UNDERSTAND THAT THERE IS NO OBLIGATION TO PURCHASE SERVICES OR PRODUCTS FROM SAME-DAY AGGREGATES, LLC AND/OR ITS AFFILIATES, REGARDLESS OF CREDIT DECISION.</p> <p>I/WE UNDERSTAND AND AGREE THAT THE TERMS OF CREDIT ARE AT THE DISCRETION OF SAME DAY AGGREGATES, LLC. IF OUR ACCOUNT REMAINS OUTSTANDING FOR MORE THAN 10 DAYS, I/WE AGREE TO PAY A FINANCE CHARGE OF 2% PER MONTH ON ANY OUTSTANDING BALANCE. IF ALL OR ANY PART OF THIS ACCOUNT SHOULD BECOME OVERDUE AND PLACED IN THE HANDS OF ATTORNEY OR OTHER AGENCY FOR COLLECTION, YOU WILL BE REQUIRED TO PAY ATTORNEY AND/OR COLLECTION FEES OF A REASONABLE AMOUNT ALLOWED BY LAW.</p> <p>I/WE SIGN THIS AGREEMENT IN GOOD FAITH AND UNDERSTAND THAT SIGNING THIS APPLICATION IS YOUR CONSENT TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT OUR BANK AND TRADE REFERENCES TO EVALUATE OUR CREDIT IN CONNECTION WITH THIS APPLICATION.</p>									
SIGNATURE OF APPLICANT			PRINTED NAME OF APPLICANT			TITLE OF APPLICANT		DATE SIGNED	

*Social Security Number (SSN) is required for all SOLE-PROPRIETORSHIP and INDIVIDUAL applicants.
FORM R-CREDIT-2.01 AUGUST 2011