

COMPANY NAME

PHONE #

FAX #

EMAIL

MAILING ADDRESS

CITY

STATE

ZIP

FOR PAST YEARS

SHIPPING ADDRESS

CITY

STATE

ZIP

FOR PAST YEARS

D/B/A

FEDERAL TAX ID #

TYPE OF BUSINESS

DATE ESTABLISHED

HOW LONG IN BUSINESS

STATE LISCENSE #

NOT REQUIRED

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

MORTGAGE HOLDER/LENDER

PHONE #

ADDRESS

CITY

STATE

ZIP

PRINCIPAL

NAME

TITLE

SSN

PRINCIPAL

NAME

TITLE

SSN

PERSONAL GUARANTEE TO EGMC/MATTHEWS GRANITE

In consideration for EGMC extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to EGMC by the business identified below whether said sums are due under open account, contract or otherwise. It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between EGMC and the business. EGMC shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other fore bearrance which may be extended by EGMC. The gurantee shall continue in force until notice in writing, sent b y registered or certified mail, return receipt requested is received by EGMC. Said notice shall specify the date on which this guranty is to be terminated, said date not be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

OWNER GUARANTEEING PAYMENT

DATE

HOME ADDRESS

CITY

STATE

ZIP

FOR PAST YEARS

SSN

HOME PHONE

CELL PHONE

BUSINESS BEING GUARANTEED

SIGNATURE

REFERENCES

BANK PHONE #
ADDRESS ACCOUNT #
CITY STATE ZIP
CONTACT EMAIL

BANK PHONE #
ADDRESS ACCOUNT #
CITY STATE ZIP
CONTACT EMAIL

TRADE PHONE #
ADDRESS EMAIL
CITY STATE ZIP

TRADE PHONE #
ADDRESS EMAIL
CITY STATE ZIP

TRADE PHONE #
ADDRESS EMAIL
CITY STATE ZIP

Any misrepresentation in this application will be considered evidence of fraud, since the information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed per each invoice and agrees to pay a service charge per month of 1-1/2% per month (18% annual per centate rate) on all past due balances. In the even any third parties are employed to collect any outstading monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, wether or not litigation has commenced, and all costs of litigation incurred. Should you account exceed 60 days past due, a hold may be place on future orders until past due balances are cleared. In the even of collection, customer waives personal jurisdiction and submits itself to the jurisdiction and venue of the State Court of Elbert County, Georgia. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

PRINT NAME TITLE SIGNATURE
DATE

PRINT NAME TITLE SIGNATURE
DATE

Attach applicable tax exemption certificate to credit application if not previously sent with purchase order.

CREDIT DEPARTMENT USE ONLY				
LINE OF CREDIT	APPROVED	AMOUNT	DENIED	DATE
MATTHEWS ACCOUNT	YES	NO	SYNCED TERMS	YES NO (ATTACH SYNCED ACCOUNT FORM)
COMMENTS:	REVIEWED BY:			