



# BLUFF CITY MATERIALS, INC.

Aggregates

## APPLICATION FOR CREDIT

PLEASE FILL IN ALL BLANKS. PLEASE PRINT OR TYPE.

DATE \_\_\_\_\_

TRADE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

IS THIS A: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE OWNER \_\_\_\_\_

PREVIOUS AFFILIATION, IF ANY \_\_\_\_\_

### TRADE REFERENCES:

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

2252 SOUTHWIND BLVD. | BARTLETT, ILLINOIS 60103 | (630) 497-8700 | FAX (630) 497-9800

EMAIL: [INFO@BLUFFCITYMATERIALS.COM](mailto:INFO@BLUFFCITYMATERIALS.COM)



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**BANK REFERENCES:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**NAME OF COMPANY OFFICERS AND / OR OWNERS:**

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

3. NAME \_\_\_\_\_

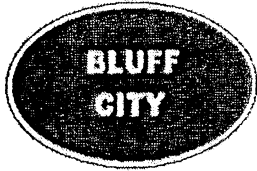
ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**NAME OF PERSON MAKING APPLICATION** \_\_\_\_\_

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To: **BLUFF CITY MATERIALS, INC.**  
Its Successors and Assigns

In consideration of the further extension of credit granted  
By **BLUFF CITY MATERIALS, INC.** TO \_\_\_\_\_  
\_\_\_\_\_ (name of account), I hereby  
personally, individually and unconditionally guarantee  
payment of whatever amount which at any time shall be owing  
to **BLUFF CITY MATERIALS, INC.**, on account of goods  
delivered, whether such indebtedness is incurred before or  
after the date hereof. This is a continuing guarantee  
relating to any indebtedness, including that arising under  
successive transactions, which shall either continue the  
indebtedness or from time to time renew it after it has been  
satisfied, and this guarantee shall be perpetual as to any  
indebtedness incurred before written notice is received by  
**BLUFF CITY MATERIALS, INC.**, that I am unwilling to  
Guarantee any additional indebtedness on this account.

As Guarantor I hereby waive notice as to the amount of the  
account and further I understand that a finance charge of  
one and one half percent (1 ½ %) per month will be applied  
to any balance outstanding thirty (30) days or more, plus  
reasonable attorney's fees incurred in the collection of any  
sums due **BLUFF CITY MATERIALS, INC.**, which are herein  
guaranteed.

DATE: \_\_\_\_\_

OWNER/PRESIDENT SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC

SEAL

My commission expires: \_\_\_\_\_



# Bluff City Materials, Inc.

## Aggregates

PLEASE HAVE AN OFFICER OF THE COMPANY SIGN THE AFFIDAVIT BELOW. HAVE THE AFFIDAVIT NOTARIZED. RETURN THE COMPLETED AFFIDAVIT TO OUR OFFICE AS SOON AS POSSIBLE. YOUR FAILURE TO COMPLETE AND RETURN THIS AFFIDAVIT WILL RESULT IN YOUR LIABILITY FOR ANY SALES TAX DEDUCTIONS. THANK YOU FOR YOUR COOPERATION.

All sales will summarily be charged sales tax until this form is properly filled out and received by us.

Date \_\_\_\_\_

This is to certify that **BLUFF CITY MATERIALS, INC.**, agrees to furnish materials to the undersigned for this calendar year based upon the following conditions:

1. Upon signature by the undersigned, it is being represented that the materials purchased during this calendar year that are to be used for jobs which **DO NOT** have a tax exempt status, i.e., charitable, religious, educational, or municipal organizations within the meaning of the Illinois Retailers' Occupation Tax, will be charged the applicable sales tax.
2. Where said materials are to be used for jobs which **DO** have a tax-exempt status (as identified above), it is incumbent upon the undersigned to notify **BLUFF CITY MATERIALS, INC.**, of this status. Any deviation from this requirement will subject the undersigned to full responsibility for any results thereof, including payment of applicable taxes and any taxes and/or penalties resulting from an Illinois State audit which might disallow any of your jobs as having a tax-exempt status.

This affidavit shall be considered a part of each order that we receive from your company.

\_\_\_\_\_  
OWNER/PRESIDENT SIGNATURE

\_\_\_\_\_  
OWNER/PRESIDENT NAME TYPED OR PRINTED/TITLE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public  
SEAL

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