

CREDIT APPLICATION

DATE: _____

For Customers of:

- BLUFF CITY MATERIALS, INC.
- SOUTHWIND RAS, LLC
- RELIABLE ASPHALT CORPORATION
- NORTHWIND RAS, LLC
- RELIABLE MATERIALS LYONS, LLC

PLEASE FILL IN ALL BLANKS.

TRADE NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ FAX # _____

EMAIL: _____

LENGTH OF TIME IN BUSINESS: _____

TYPE OF BUSINESS: _____

IS THIS A: CORPORATION PARTNERSHIP SOLE OWNER

PREVIOUS AFFILIATION, IF ANY: _____

REFERRED BY: _____

ACCOUNTS PAYABLE CONTACT: _____

INVOICE DELIVERY METHOD PREFERRED: EMAIL MAIL

EMAIL TO RECEIVE INVOICES: _____

EMAIL TO RECEIVE TICKET COPIES DAILY: _____

Name of person applying for credit: _____

SIGNATURE: _____

OFFICER/OWNER'S SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

(PLEASE PROVIDE COPY OF OFFICER/OWNER'S DRIVERS LICENSE)

FOR OFFICE USE ONLY:

APPROVED BY: _____

CUSTOMER # _____

TRADE REFERENCES:

(Please provide fax number or email for trade references. If not provided application will be returned.)

1. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # or EMAIL _____

2. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # or EMAIL _____

3. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # or EMAIL _____

NAME & ADDRESS OF COMPANY OFFICERS / OWNERS:

1. NAME _____
ADDRESS _____
POSITION _____ TELEPHONE # _____
EMAIL ADDRESS _____

2. NAME _____
ADDRESS _____
POSITION _____ TELEPHONE # _____
EMAIL ADDRESS _____

3. NAME _____
ADDRESS _____
POSITION _____ TELEPHONE # _____
EMAIL ADDRESS _____

SALES TAX DEDUCTION FORM

PLEASE HAVE AN OFFICER OF THE COMPANY SIGN THE AFFIDAVIT BELOW. THE AFFIDAVIT MUST BE 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 summararily be charged sales tax until this form is properly filled out and received by us.

This is to certify that **BLUFF CITY MATERIALS, INC., RELIABLE ASPHALT CORPORATION, RELIABLE MATERIALS LYONS, LLC, SOUTHWIND RAS, LLC, NORTHWIND RAS, LLC,** agree/s 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 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) and 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., RELIABLE ASPHALT CORPORATION, RELIABLE MATERIALS LYONS, LLC, SOUTHWIND RAS, LLC, NORTHWIND RAS, LLC,** 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.

DATED: _____

PRESIDENT/OWNER'S SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC
My commission expires: _____

SEAL:

PERSONAL GUARANTEE FORM

TO:

**BLUFF CITY MATERIALS, INC.
RELIABLE ASPHALT CORPORATION
RELIABLE MATERIALS LYONS, LLC**

**SOUTHWIND RAS, LLC
NORTHWIND RAS, LLC
AND ITS SUCCESSORS AND/OR ASSIGNS**

In consideration of the future extension of credit granted by **BLUFF CITY MATERIALS, INC., RELIABLE ASPHALT CORPORATION, RELIABLE MATERIALS LYONS, LLC, SOUTHWIND RAS, LLC, NORTHWIND RAS, LLC,** and it's successors and/or assigns 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., RELIABLE ASPHALT CORPORATION, RELIABLE MATERIALS LYONS, LLC, SOUTHWIND RAS, LLC, NORTHWIND RAS, LLC,** and it's successors and/or assigns 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., RELIABLE ASPHALT CORPORATION, RELIABLE MATERIALS LYONS, LLC, SOUTHWIND RAS, LLC, NORTHWIND RAS, LLC,** and it's successors and/or assigns 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 (1½%) 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 to **BLUFF CITY MATERIALS, INC., RELIABLE ASPHALT CORPORATION, RELIABLE MATERIALS LYONS, LLC, SOUTHWIND RAS, LLC, NORTHWIND RAS, LLC,** and it's successors and/or assigns which are herein guaranteed.

DATED: _____

OWNER/PRESIDENT SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

(PLEASE PROVIDE COPY OF OFFICER/OWNER'S DRIVERS LICENSE)

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC
My commission expires: _____

SEAL: