



551 Lake Cascades Parkway, P.O. Box 120
Findlay, Ohio 45839-0120
Phone (419) 422-4341; Fax (419) 422-3952
Website: www.natlime.com



OFFICE USE ONLY: Plant # _____ Salesman _____ Approved by _____ Date _____ Credit Line _____

ACCOUNT APPLICATION

Confidential Information For Credit Verification And Personal Guaranty



Mastercard and Visa charge requested on casual purchases



Credit Applicant (hereafter "Credit Applicant", "you", or "your") represents that the below information is true:

Your Legal Business Name: _____ Federal ID #: _____

Your Individual Name: _____ Soc. Sec.#: _____

Type of Business: _____ # of Employees: _____ Date Business Started: _____

Your Billing Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Your Physical Address (if different than above): _____

City: _____ County _____ State: _____ Zip Code: _____

Company Phone: (____) _____ Fax: (____) _____

Home Phone: (____) _____ Cell: (____) _____

Email Address: _____

Preferred Method of Contact: Email _____ Fax _____ Phone _____ (Cell) _____

Credit limit requested: \$ _____ Type of material needed: _____

Taxable _____ *Non-taxable _____ Annual tonnage needed: _____

(*Note: If all materials purchased are non-taxable, attach a tax exemption certificate)

Type of Use:

- Consumer
or
 Resale
- Residential
or
 Commercial

YOUR BUSINESS STRUCTURE (Check One):

- Corporation
- Partnership
- Individual-DBA
- Limited Liability Co.
- Division/Subsidiary

Are you a minority business?

_____yes _____ no

Name of Parent Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Have you ever had credit with National before? _____ Under what name _____

Do you have branch offices? _____ If yes, attach list with address, phone, contact person.

What other or former names have you operated under?

1. _____

2. _____

INFORMATION ON OFFICERS:

President/CEO _____

Treas./VP Finance _____

Operations Manager _____

Accts. Pay/Manager _____

FOR PARTNERSHIPS/INDIVIDUALS:

Owner #1 Name _____

Percent Ownership _____

Home Address _____

City, ST ZIP _____

Soc. Sec. # _____

Owner #2 Name _____

Percent Ownership _____

Home Address _____

City, ST ZIP _____

Soc. Sec. # _____

BANKING INFORMATION:

Name _____
 Address _____
 City _____ State _____
 Zip Code _____
 Contact _____
 Phone Number _____

Checking Account # _____
 Checking Account # _____
 Savings Account # _____
 Savings Account # _____
 Loan Number _____
 Loan Number _____

TRADE/CREDIT REFERENCES:

Supplier #1	Supplier #2	Supplier #3
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Phone Number _____	Phone Number _____	Phone Number _____

SURETY COMPANY:

Name: _____ Phone (____) _____
 Contact Person: _____
 Bond Capacity: Minimum \$ _____ Maximum \$ _____

FINANCIAL INFORMATION:**YEAR ENDING** ____ / ____ / ____**Assets**

Cash _____
 Acct. Rec. _____
 Real Estate _____
 Equipment _____
 Other Assets _____

Liabilities

Trade Accounts Payable _____
 Short Term Loans _____
 Real Estate Loans _____
 Equipment Loans _____
 Other liabilities _____

INCOME STATEMENT:**YEAR ENDING** ____ / ____ / ____

Sales \$ _____
 Operating Exp. \$ _____
 Other Expenses/Taxes \$ _____

Cost of Goods Sold \$ _____
 Income \$ _____
 Net Income \$ _____

Have you ever had a repossession? _____ Any judgment ever been entered against you? _____
 Are there any lawsuits now pending against you? _____
 Have you ever been declared bankrupt? _____

You agree to notify The National Lime and Stone Company/Cascades Cut Stone Company of any change to your billing and/or mailing address, or any change to your legal name or legal status within thirty (30) days of the change.

TERMS, CONDITIONS AND PAYMENTS

TERMS OF SALE CONDITION: You understand and agree that your material purchases from The National Lime and Stone Company/Cascades Cut Stone Company ("National") will be charged to your account regardless of to whom the purchased material is resold, delivered, or installed. You agree to make the necessary arrangements with your lending institution, if necessary, to be able to fully pay for your purchases in strict accordance with the terms of sale listed below regardless of whether or not you have been paid by your customer or the end user.

INVOICE TERMS: Invoices will be mailed from our corporate office twice a month. Invoices will be dated the 15th and the last day of the month, for purchases made during each half of the month. Payment is due within 30 days of the invoice date. The amount specified on the invoice must be paid in full. No deduction to the amount specified on the invoice (other than discount, if qualified) will be permitted. All invoices must be reviewed when received (do not wait until payment is due). If an invoice is incorrect, that information must be reported to the salesman who is handling your account, at which time instructions on how to handle the payment for such invoice will be given.

LATE PAYMENT CHARGE: Compliance with National's terms will insure that no late payment charges (as indicated on your monthly statement) are generated on your account. You understand and agree that a late payment charge of 1 ½% per month (18% per annum) will be charged on all invoices that are past due.

PAST DUE: Your account is past due if payment is not paid by the due date on the invoice.

DELINQUENT: Your account is delinquent and subject to suspension if your balance is 30 days beyond the due date on the invoice. At this time your account will be placed on COD status, to be reopened by payment or approval of the credit department. You may make purchases by cash, check, or credit card (at the cash price), until your account is reopened. Any discounted or special job pricing are void when your account is on COD status.

LEGAL ACTION: If it becomes necessary to refer your account for collection, you understand and agree to pay all reasonable attorney's fees, lien filing fees, collection fees, and other expenses incurred by National.

SECURITY INTEREST: You agree to grant a security interest to National whenever requested. You also agree to deliver timely to National copies of notice(s) of commencement and any other mechanic's lien information whenever requested by National.

CASH DISCOUNT: If your invoice is subject to a cash discount, the amount of the discount will be shown together with the due date, at the bottom of the invoice. Discounts are allowed only if paid on or before the due date of the invoice. Any cash discount taken after the due date of the invoice is not allowed.

SALES TAX: A tax exemption certificate must be completely filled out, dated, signed and in our files to qualify for tax exempt billing status.

RETURN CHECKS: All checks returned unpaid by your bank will be assessed a \$20.00 return check fee.

CONTRA ACCOUNT TRANSFERS: You understand and agree to allow contra account transfers from National's accounts payable to your past due account balance.

REFERENCE AUTHORIZATION: You authorize and direct National or its designee(s) to investigate any references herein listed, or any other data obtained from any person pertaining to the creditworthiness or financial responsibility of the Credit Applicant.

PRICING: National reserves the right to change the price list for materials from time to time, as it, in its sole discretion, deems appropriate. National shall make a good faith effort to give written notice of changes in the price list to you, but any failure to do so shall not affect National's right to change such price list or your obligation to pay for material at National's then applicable price(s).

WARRANTY DISCLAIMER: NATIONAL MAKES NO EXPRESS WARRANTY AND NO IMPLIED WARRANTIES WHATSOEVER. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, NATIONAL MAKES NO WARRANTY OF MERCHANTABILITY AND NO WARRANTY OF FITNESS FOR ANY PARTICULAR PURPOSE. THE DETERMINATION OF PRODUCT SUITABILITY IS THE SOLE RESPONSIBILITY OF THE PURCHASER AND/OR USER.

LIMITATION OF LIABILITY: IN NO EVENT SHALL NATIONAL BE LIABLE FOR ANY LOSS OF PROFIT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES. IN ADDITION, NATIONAL SHALL NOT BE LIABLE FOR ANY DAMAGES CAUSED BY ANY DELAY IN DELIVERY, INSTALLATION, OR FURNISHING OF THE PRODUCT OR SERVICES.

EQUAL CREDIT OPPORTUNITY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories of each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Each of the undersigned hereby certifies that everything stated in this credit application is true and complete and is made for the purpose of obtaining credit for Credit Applicant. Also, each of the undersigned has read the preceding terms of sale and fully understands and accepts same on behalf of the Credit Applicant.

Sign _____ Print _____ Title _____ Date _____

Sign _____ Print _____ Title _____ Date _____

PERSONAL GUARANTY OF PAYMENT: TO INDUCE NATIONAL TO EXTEND OR CONTINUE TO EXTEND CREDIT TO CREDIT APPLICANT, EACH OF THE UNDERSIGNED, ABSOLUTELY AND UNCONDITIONALLY, PERSONALLY GUARANTEES THE PROMPT AND PUNCTUAL PAYMENT, WHEN DUE, BY ACCELERATION OR OTHERWISE, OF ALL OBLIGATIONS, DEBTS, AND LIABILITIES, DIRECT, INDIRECT OR CONTINGENT, NOW EXISTING OR HEREAFTER CREATED, AND HOWSOEVER THE SAME MAY BE EVIDENCED OR SECURED, OF CREDIT APPLICANT TO NATIONAL. EACH OF THE UNDERSIGNED WILL ACCEPT A STATEMENT OF CREDIT APPLICANT'S ACCOUNT, CERTIFIED AS CORRECT BY NATIONAL, AS A TRUE STATEMENT OF THE AMOUNT DUE AND OWING BY CREDIT APPLICANT. THIS GUARANTEE SHALL BECOME IMMEDIATELY EFFECTIVE AND SHALL CONTINUE INDEFINITELY, UNAFFECTED BY THE DEATH OR INCOMPETENCY OF ANY OF THE UNDERSIGNED, SUBJECT TO THE RIGHT OF THE UNDERSIGNED OR OF THE UNDERSIGNED'S PERSONAL REPRESENTATIVE TO TERMINATE LIABILITY HEREUNDER AS TO EACH OBLIGATION, DEBT, AND LIABILITY OF CREDIT APPLICANT ARISING AFTER WRITTEN NOTICE OF SUCH TERMINATION HAS BEEN RECEIVED BY NATIONAL. NO RELEASE, WAIVER, EXTENSION, RENEWAL, OR OTHER MODIFICATION OF ANY OF THE INDEBTEDNESS GUARANTEED HEREBY SHALL AFFECT THE OBLIGATION OF ANY OF THE UNDERSIGNED. EACH OF THE UNDERSIGNED WAIVES NOTICE OF ACCEPTANCE HEREOF, WAIVES DEMAND FOR PAYMENT AND PROTEST, WAIVES ALL NOTICES TO WHICH THE UNDERSIGNED MIGHT OTHERWISE BE ENTITLED BY LAW, AND ALSO WAIVES ALL DEFENSES, LEGAL OR EQUITABLE, OTHERWISE AVAILABLE TO THE UNDERSIGNED.

INDIVIDUAL GUARANTOR'S SIGNATURE(S) (DO NOT INSERT CORPORATE TITLES):

Signature (Personally and as an individual)	Print Name	Date	Soc. Sec. #:
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Signature (Personally and as an individual)	Print Name	Date	Soc. Sec. #:
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We require a copy of a recent, audited financial statement to support this credit application. Initial orders will not be processed unless accompanied by the above requested information.