

APPLICATION FOR CREDIT

West Coast Sand & Gravel
 P.O. Box 5067
 Buena Park, CA 90622
 800.522.0282 Tel
 714.735.7025 Fax
 www.wcsg.com
 credit@wcsg.com



Resource Building Materials
 P.O. Box 5067
 Buena Park, CA 90622
 714.367.1068 Tel
 714.735.7034 Fax
 www.resourcebuildingmaterials.com
 rbm_ar@resourcebuildingmaterials.com



Name of salesman that you are working with: _____

Are you already a customer of (have an account with) another West Coast Materials, Inc. Company _____

| | |
|------------------------------|-------|
| Company Name (or individual) | Phone |
|------------------------------|-------|

| | | |
|---------|----------|-----|
| Address | City/Zip | Fax |
|---------|----------|-----|

| | |
|-------------------------------------------|-------|
| Billing Address (if different from above) | Email |
|-------------------------------------------|-------|

This location is _____ Name and Address of Parent Company (if applicable)
 Main Office Branch Office

Other company names used currently or in the past:

| | | | | |
|----------------------|--------------------------------------|------------------------------------------|------------------------|-------------|
| Business Entity is a | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietor | Contractor License No. | Year Issued |
| | <input type="checkbox"/> Partnership | | | |

List Name(s) of Corporate Officer(s), Partner(s), or Owner _____ **We must have Social Security No. and Driver's License No. for identity and security purposes.**

| Name | Home Address/City/State/Zip | Drivers License # | Social Security # | Date of Birth |
|------|-----------------------------|-------------------|-------------------|---------------|
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|-------------------|---------------------------|--------------------------------|-----------------------|-----------------------------|
| Years in Business | Years at Present Location | <input type="checkbox"/> Own | Average Monthly Sales | Average Number of Employees |
| | | <input type="checkbox"/> Lease | | |

| | | |
|----------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Describe your product or Service | Federal Taxpayer Identification Number (TIN) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|----------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------|-------------------------|
| Anticipated Monthly Purchases: | Credit Limit Requested: |
|--------------------------------|-------------------------|

Upon furnishing West Coast Materials, Inc. or affiliates with a credit card number for payment of any current charges, customer authorizes West Coast Materials, Inc. or affiliates to charge customer's credit card for any amounts owing to West Coast Materials, Inc. or affiliates.

Credit Card Type _____ (Visa, MC) Credit Card Number _____ Name on Card _____ Expiration Date _____

| Bank References | | | | |
|-----------------|--------|------|-------|---------|
| Bank Name | Branch | City | Phone | Acct. # |
| | | | | |

| Present or Previous Material Suppliers | | | |
|----------------------------------------|------|-------|-----------------------|
| Name | City | Phone | Fax or email address: |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

| | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you always use purchase orders? <input type="checkbox"/> Yes <input type="checkbox"/> No | Sales tax status <input type="checkbox"/> Taxable <input type="checkbox"/> Sales Tax exempt | In order for us to sell you any merchandise on a tax exempt basis, we must have a fully out and signed resale card as per state regulatons. NOTE: Be sure to specify on resale form which company you are requestiong tax exem |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| How timely do you pay your bills? <input type="checkbox"/> per terms <input type="checkbox"/> 30 days <input type="checkbox"/> other | Who is responsible for paying your bills? Name _____ Phone _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

Please tell us how we should control the authorized use of your account; such as by a list of authorized people, P.O requirements etc.

To assist West Coast Materials, Inc. in granting you credit, please attach a recent financial statement.

| | | |
|------------------------|-------------|--------------|
| Equipment Owned | Description | |
| | Value | Loan Balance |
| | Financed by | Mo. Payment |

| | | | | |
|--------------------------|------------------------------------|--|--------------|----------------------------------------------------------------------------------------------------------------|
| Business Property | Description | | Address | |
| | Value | | Loan Balance | |
| | First Trust Deed (Mortgage) Holder | | Mo. Payment | Is there a 2nd Trust Deed? <input type="checkbox"/> YES <input type="checkbox"/> NO Loan Balance \$ |

| | | | | |
|-------------|---------------------------------------------------------------------------------------------------|--|--------------|----------------------------------------------------------------------------------------------------------------|
| Home | <input type="checkbox"/> Lease/Rent <input type="checkbox"/> Owned (If owned, please continue) | | Address | |
| | Value | | Loan Balance | |
| | First Trust Deed (Mortgage) Holder | | Mo. Payment | Is there a 2nd Trust Deed? <input type="checkbox"/> YES <input type="checkbox"/> NO Loan Balance \$ |

ACCOUNT AGREEMENT AND TERMS OF SALE

The undersigned hereby applies to West Coast Materials, Inc. and its affiliates ("West Coast") for credit. It is understood and agreed that the undersigned specifically consents to West Coast investigating the applicant's credit history and may utilize outside credit reporting services to obtain information on the undersigned.

If credit is extended, I understand all invoices are due and payable to West Coast on or before the 10th of the month following purchase and are past due and payable after the 1st of the second month following purchase. Prices charged are with expectation of payment being made within standard terms. Past due invoices may be subject to a liquidated damage charge of 1 1/2% of the invoice total for each month thereafter as an adjustment in the price. Customer agrees it would be impractical to fix actual damages and this charge as liquidated damages is a fair and equitable approximation of actual additional expense incurred by West Coast. It is further agreed this will not affect West Coast's right to demand payment and take action to collect past due amounts.

Terms and Conditions of Sale: The undersigned agrees to pay for all purchases according to the terms of West Coast. No terms, conditions, or purchase orders different than the West Coast terms, will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by West Coast.

Upon a change in principals or the legal identity of the company, applicant will give written notice to the credit department of West Coast 15 days prior to the change. Should suit be instituted to collect any debts of the undersigned, the undersigned agrees to pay all actual costs of collections and attorney's fees and interest on the past due amount at the highest rate legally available.

Date _____

Signature (officer or principal only)

PERSONAL GUARANTEE

In consideration of credit granted by West Coast the undersigned personally guarantees any and all charges and/or money due West Coast. This sum to include any and all attorneys fees and collection costs. In the event payment is demanded by West Coast the undersigned agrees to make payment within 30 days.

Date _____

Signature