



CHARLESTON STONE COMPANY

9709 North County Road 2000 East
P.O. Box 260 Charleston, IL 61920
(217) 345-6292 Fax (217) 345-4800

APPLICATION FOR CREDIT

Name _____

Phone (____) _____ Fax (____) _____

Mailing Address _____

City, State, Zip Code _____

PLEASE LIST THREE BUSINESS REFERENCES:

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

PLEASE LIST ONE BANK REFERENCE:

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Checking _____ Savings _____

CREDIT TERMS:

The net amount of each invoice is due 30 days after the date shown on the invoice. Any invoice not paid within the 30 day period will be considered past due and will be subject to a service charge of 2% per month on the unpaid balance (24% per annum). In the event of collection on this account, any reasonable attorney fees and collection fees will be paid by the customer.

I have read the above credit and collection terms and understand them. I agree to these terms and agree to abide by them if credit is extended to me.

Signature _____ Title _____ Date _____

If you have a standard credit application form, we will gladly accept it. However, this page must be signed and returned with your credit form.