



## CREDIT APPLICATION

Please complete the following application,  
and either e-mail to [satina@countylineva.com](mailto:satina@countylineva.com)  
or fax to 540-437-9371.

### I. General Information (Please type or print)

Name (Company or Individual) \_\_\_\_\_

Physical Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years in business \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Invoice Preference: ☐ Mail ☐ E-mail ☐ Fax

Accounts Payable Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Type: ☐ Farm ☐ Wholesale ☐ Contractor ☐ Business ☐ Civic/Government ☐ Individual

Sales Tax Exempt: ☐ No ☐ Yes (Exemption Certificate must be attached)

Type of Entity: ☐ Corporation ☐ Partnership ☐ LLC ☐ Sole Proprietor

Federal I.D. No. \_\_\_\_\_ - \_\_\_\_\_

President/Owner/Representative \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

### II. Credit/Financial Information

Requested monthly credit: ☐ Under \$1,000 ☐ Under \$5,000 ☐ Under \$10,000 ☐ Over \$10,000

(Bank and Trade References must be attached)

### III. Personal Guarantee

In consideration for extending credit to the above-named entity (the "Applicant"), I/We jointly and severally along with the Applicant unconditionally personally guarantee all indebtedness of any kind owing at any time by said entity or any successor thereto. I/We further agree that this guarantee is an absolute and continuing one; is a guarantee of payment and not of collection; and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended, accelerated and renewed without notice to me. The liability of the Guarantor(s) shall be primary and neither bankruptcy nor any other similar proceeding of such entities shall impair or affect my/our obligations under this guarantee. County Line Materials, LLC ("CLM") may pursue its rights and remedies in such order as it determines, and the exercise by CLM of any right or remedy will not preclude CLM from exercising any other right(s) or remedy. The failure or delay by CLM in exercising any of its rights hereunder in any instance shall not constitute a waiver thereof in that or any other instance. CLM may not waive any of its rights except by an instrument signed by a corporate officer.

This guarantee may not be amended without the written approval of CLM. Guarantor(s) authorize(s) CLM to review their credit history by any manner available or deemed necessary by CLM at any time. Guarantor(s) waive(s) all benefit of the homestead exemption and all other exemptions. Guarantor(s) **waive(s) any right to trial by jury** in connection with any disputes or actions in any way relating to the dealings with CLM including, without limitation, any action, proceeding, or counterclaim brought by CLM, Guarantor or Applicant.

The terms and conditions set out under Section IV of this instrument are incorporated herein by reference and Guarantor(s) acknowledge(s) they are bound by them as if written herein and that where appropriate, the term "Applicant" shall be considered "Guarantor" as if first written therein.

By signing I/We acknowledge and attest that the information submitted is complete and accurate to the best of my/our knowledge and that I/We read, understand, and accept the terms and conditions of this entire Agreement.

Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



# References

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and either e-mail to [satina@countylineva.com](mailto:satina@countylineva.com)  
or fax to 540-437-9371.

## Bank Reference – A fax or e-mail is required.

Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account No. \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

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## Trade References – A fax or e-mail is required.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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By signing below, I acknowledge and attest that the above-named references are truthful and that CLM may contact them for the purpose of processing my credit application.

Applicant's Printed Name \_\_\_\_\_

By (Signature) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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