



Accounting
 701 King Street - Box 670
 Fayette, Iowa 52142
 (563) 425-3568 fax
 (563) 425-4090

Operations
 701 First Street
 Clayton, Iowa 52049
 (563) 964-2860
 (563) 964-2616 fax

CREDIT APPLICATION

Company Information

| | | | | | | |
|--|-------------|---|---|---------------|--------------------------------|--|
| Legal Business Name: | | | Federal Tax ID #: | | Dun & Bradstreet #: | |
| DBA: | | | Mailing Address: | | | |
| Phone: | Fax: | eMail: | City: | State: | Zip: | |
| Business Structure <input type="radio"/> Corporation <input type="radio"/> Limited Liability Company <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Government | | | | | | |
| Incorporation or Start Date _____ | | | If Incorporated, State of Incorporation: _____ | | | |
| Tax Exempt? | | If yes, provide certificate number (if applicable) _____ | | | | |
| <input type="radio"/> yes | | <input type="radio"/> no | | | | |

Bank Reference

| | | | | | | |
|-------------------|---------------|-------------|------------------------|--|--|--|
| Bank Name: | | | Bank Account #: | | | |
| Address: | | | Account Type: | | | |
| City: | State: | Zip: | Phone: | | | |
| Contact: | | | Fax: | | | |

Trade References

| 1) Company Name: | Address: | Phone: | Fax: | Contact Name: | Yrs Known: |
|------------------|----------|--------|------|---------------|------------|
| | | | | | |
| 2) Company Name: | Address: | Phone: | Fax: | Contact Name: | Yrs Known: |
| | | | | | |
| 3) Company Name: | Address: | Phone: | Fax: | Contact Name: | Yrs Known: |
| | | | | | |

Signatures & Authorization

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is accurate and complete. By signing this form, I expressly authorize Pattison Sand Company LLC to contact the above references to determine credit worthiness.

Signature Date

Name Title