



Credit Application

OVERVIEW

Enclosed is the UNIQUE Credit Application. Please complete all parts of the application, including the request for bank information on the final page. You can use this page as an authorization for your bank to release pertinent information to us to facilitate our credit review.

Send the completed application to Billing@UniquePavingMaterials.com or fax to (216) 400-6392.

Thank you for your interest in doing business with UNIQUE. It takes approximately eight business days to verify all credit information.

Sincerely,

A handwritten signature in black ink that reads "Don Kautzman". The signature is written in a cursive style.

Don Kautzman
Treasurer

Cc: File
Enter copy recipient

COMPANY: _____	Date: _____
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PHYSICAL ADDRESS

Address: _____	
City: _____	State & Zip: _____
County: _____	Contact: _____
Telephone: _____	Fax: _____
Years at address: _____	Years in Business: _____
E-Mail: _____	

BILLING

Method for invoice delivery:	<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Address (specify below if different than physical address)
Address: _____	
City: _____	State & Zip: _____
County: _____	Contact: _____
Telephone: _____	Fax: _____
E-Mail: _____	

BUSINESS STRUCTURE

<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Tax-Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (include documentation)
FEIN: _____	Amount of Credit: \$ _____
Products interested in: <input type="checkbox"/> UPM® Liquid Blend to produce bulk <input type="checkbox"/> Packaged products for resale <input type="checkbox"/> Packaged products for our own use <input type="checkbox"/> Other, specify: _____	

PARTNERS, CORPORATE OFFICERS or OWNERS

Name: _____	Title: _____
Address: _____	
Name: _____	Title: _____
Address: _____	
Name: _____	Title: _____
Address: _____	

Trade References
Company:
Contact:
Address:
Telephone:
E-mail or Fax (REQUIRED):

Company:
Contact:
Address:
Telephone:
E-mail or Fax (REQUIRED):

Company:
Contact:
Address:
Telephone:
E-mail or Fax (REQUIRED):

(For UNIQUE Use Only)	
Years doing business:	
Highest credit: \$	
Current amount owed: \$	
Discounts:	<input type="checkbox"/> Prompt <input type="checkbox"/> Slow
Days slow:	Terms:

Years doing business:	
Highest credit: \$	
Current amount owed: \$	
Discounts:	<input type="checkbox"/> Prompt <input type="checkbox"/> Slow
Days slow:	Terms:

Years doing business:	
Highest credit: \$	
Current amount owed: \$	
Discounts:	<input type="checkbox"/> Prompt <input type="checkbox"/> Slow
Days slow:	Terms:

I understand and agree to abide by UNIQUE Paving Materials' credit policy as stated below:

1. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
2. It is agreed that our company will pay finance charges at the rate of 1½% per month (18% per year) on past due balances.
3. Our company agrees that our account will become C.O.D. if we fail to pay invoices within 90 days of the due date.

Name: _____ **Date:** _____

Signature*: _____ **Title:** _____

**Acceptable Signatures: Partner, Corporate Officer, Controller or Owner*



Credit Application

Dear Customer,
As part of UNIQUE Paving Materials Corp. credit application process, please complete this form and submit to your bank. Return a signed copy of this authorization with your completed credit application.

BANK INFORMATION

Bank Name: _____	Company: _____
Address: _____	Account # _____
City, ST Zip: _____	

This authorizes you to release information related to our checking account, savings account and loan balance activity to UNIQUE Paving Materials Corp. for purposes of evaluating and establishing credit.

Officer Name: _____	Date: _____
Signature: _____	Title: _____

(To be completed by bank)

The information provided is for reference purposed and is valid for the date of _____ only.
The information below is subject to change and must be updated to ensure its ongoing accuracy.

DEPOSITORY ACCOUNTS

When account(s) were opened: _____

Average balance: _____

Any overdraft or NSF? _____

Have accounts been handled as agreed? _____

LOANS AND COMMITMENTS

Highest credit amount: _____

Type of loan(s): _____

Have loans been handled as agreed? _____

General statement on account relationship: _____

The customer named above is a current client of this bank.

Bank Contact: _____	Date: _____
Signature: _____	Title: _____