

**Commercial Credit Application**  
**Superior Stone Equipment, Inc.**  
 Phone: 800-493-5111 Fax: 800-492-3205

<b>Customer Information</b>	Company Name OR Individual Last, First and Middle Name, Suffix				DBA	
	Company Address		City	State	Zip	County
	Contact Name		Business Telephone #		Business Fax #	
	Contact E-mail		State Organization ID #		Federal Tax ID Number	

<b>Business Type</b>	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Limited Partnership	
	<input type="checkbox"/> S Corporation		<input type="checkbox"/> General Partnership		<input type="checkbox"/> C Corporation	
	State of Incorporation	Date Established	Yrs in Business (Present Ownership)		Nature of Business	

<b>Vendor Information</b>	Qty	Manufacturer/Model/Description SUPERIOR BRIDGE SAW		Delivery Date	Equipment Cost	
	Vendor Name <b>SUPERIOR STONE EQUIPMENT, INC.</b>		Contact Name <b>FRED IGNATOVICH</b>		Contact Telephone # <b>616-583-0171</b>	Fax # <b>616-583-0176</b>
	Vendor Address, City, State and Zip <b>8580 BYRON COMMERCE DRIVE, BYRON CENTER, MICHIGAN, 49315</b>				E-mail Address <b>FRED@SUPERIORSTONEPRODUCTS.COM</b>	

<b>Payment Plan</b>	Lease Term (months)				Lease Structure	
	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	FMV <input type="checkbox"/>	10% PUT <input type="checkbox"/>

<b>Bank References</b>	1. Bank Name		City	State	Contact Name
	Lease/Loan Acct. #		Lease/Loan Original Date		Lease/Loan Original Term (months)
	Checking Acct. #		Telephone #		Monthly Payment on Leases/Loans
	2. Bank Name		City	State	Contact Name
	Lease/Loan Acct. #		Lease/Loan Original Date		Lease/Loan Original Term (months)
	Checking Acct. #		Telephone #		Monthly Payment on Leases/Loans

<b>Trade References</b>	1. Reference Name		Account #	Contact Name	Telephone #
	2. Reference Name		Account #	Contact Name	Telephone #
	3. Reference Name		Account #	Contact Name	Telephone #

<b>Customer References</b>	1. Reference Name		Years with Customer	Contact Name	Telephone #
	2. Reference Name		Years with Customer	Contact Name	Telephone #
	3. Reference Name		Years with Customer	Contact Name	Telephone #

<b>Owners, Partners and Guarantors</b> (Attach separate sheet if necessary)	1. Name		Title		% Ownership	Owner Since:
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail	Social Security #	Date of Birth	
	2. Name		Title		% Ownership	Owner Since:
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail	Social Security #	Date of Birth	

By submitting this Application, you grant consent to and authorize Superior Stone Equipment, Inc., and its agents to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized Superior to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify Superior of any material change in any such information. You authorize Superior and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize anybody contacted to release credit and financial information requested as part of said investigation. Finally, you confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_