



US Marble

A CLIO HOLDINGS COMPANY

NEW ACCOUNT APPLICATION

Business Name: _____ Owner's Name: _____

Bill to Address: _____ City: _____ State: _____ Zip: _____ County: _____

Ship to Address: _____ City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ email: _____

PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER: _____ Date Established: _____

Years at this address: _____ Billing Contact: _____

Description of Account (Potential Sales Volume type of products to be purchased, etc.)

Showroom Size: _____ Number of Tops on Display: _____ USM Sales Rep Visual Inspection: _____

Manufacturers carried: _____

CHECK all that apply: Wholesaler/Dealer Project/Contractor Credit Application left with Account Representative

Mailed or Faxed Credit Application

(Note: Please include fax numbers)

Sales Representative Contact: _____

Business Credit References (No Banks)

(Note: Please include fax numbers)

#1 Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____

#2 Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____

#3 Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____

The undersigned certifies that all information provided is accurate and understands US Marble's Credit Terms. By signing below, the undersigned agrees to make proper payment in consideration of extended credit and in accordance with the Terms and Conditions of Sale (attached). Signature below authorizes references listed to provide US Marble with any credit information requested. US Marble assures that the information obtained from references will be held in the strictest of confidence.

Authorized Signature _____ Printed Name _____ Title _____ Date _____



TERMS & CONDITIONS OF SALE

Payment terms are Net 30 days from invoice date, F.O.B. shipping point. Invoice date will be Date of Shipment.

Accounts with a balance due past 30 days will incur a finance charge on the past due amount at the rate of 2% per month, (24% annual) or the maximum legal rate, whichever is less. Finance charges will accrue from the invoice date.

Charge sales are suspended to accounts with a balance due past 60 days. These accounts are placed on Credit hold or COD status until the account is brought to a current status. Shipment may be made concurrent with COD payment, plus past due amounts, including finance charges. The account shall also be responsible for reasonable collection costs and/or attorney for collection agency fees as a result of delinquent or non-payment of an account. A \$25.00 Service Fee is charged to any account for any check returned by the bank.

Continued abuse of open account terms will result in credit denial, at which time all shipments will be made on a COD basis.

Inactive accounts that have no charge sales for a period of 12 consecutive months will be placed on COD status.

Disputed invoices, billing errors and other credit issues should be brought to our attention for efficient resolution of the problem.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH THE ABOVE TERMS.

Personal Guarantee

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ owed to US Marble, Inc. This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of United States Marble, Inc. 7839 Costabella Avenue, Remus, MI 49340. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature: _____

Date: _____

Print Name: _____

Social Security Number: _____

Individual Signature: _____

Date: _____

Print Name: _____

Social Security Number: _____

Individual Signature: _____

Date: _____

Print Name: _____

Social Security Number: _____



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SALES TAX EXEMPTION CERTIFICATE

Sales Tax License Number: _____ is Tax Exempt Taxable

Purchased for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Resale | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Church |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Industrial Processing | <input type="checkbox"/> Non Profit Institution |
| <input type="checkbox"/> Agricultural Use | <input type="checkbox"/> Other: _____ | |

This certificate should be considered a part of each order unless otherwise specified and will remain in force until revoked in writing.

In the event that the State of Michigan, or other state as indicated, disallows any claimed exemption, the purchaser agrees to reimburse the seller for the amount of the sales tax.

COMPANY: _____

Address: _____

City, State, Zip: _____

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date