



**NEW LBM ADVANTAGE MEMBER ACCOUNT**

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

Sales Representative Contact: \_\_\_\_\_

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 credit card 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 credit card basis.

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



**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