STANDRIDGE GRANITE CORP.
ISO 9001 CERTIFIED
"Committed to Excellence"
9437 Santa Fe Springs Road • Santa Fe Springs, CA 90670
562/946-6334 • Fax 562/941-3804
www.standridgegranite.com

CREDIT APPLICATION

This form must be used. No other will be accepted.

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

ACCOUNTS PAYABLE ADDRESS: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

OF YEARS IN BUSINESS UNDER THIS NAME: _____ SALES VOLUME: $ _____ TOTAL NUMBER OF EMPLOYEES: _____

PAYMENT PERSONALLY GUARANTEED BY: _____ TITLE: _____

ADDRESS: _____ SIGNATURE: _____

OWNERSHIP

NAME OF OWNER _____ PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF OWNER _____ PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REFERENCES FAX NUMBERS MANDATORY!

COMPANY NAME _____ PHONE _____

CONTACT NAME _____ **FAX** _____

COMPANY NAME _____ PHONE _____

CONTACT NAME _____ **FAX** _____

COMPANY NAME _____ PHONE _____

CONTACT NAME _____ **FAX** _____

COMPANY NAME _____ PHONE _____

CONTACT NAME _____ **FAX** _____

BANK REFERENCE

BANK NAME _____ ACCOUNT # _____ PHONE _____ **FAX** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK NAME _____ ACCOUNT # _____ PHONE _____ **FAX** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

_____
AUTHORIZED SIGNATURE

_____
TITLE DATE

TYPE OF BUSINESS

☐ SOLE PROPRIETORSHIP ☐ SUBSIDIARY ☐ CORPORATION IN

☐ PARTNERSHIP ☐ DIVISION STATE OF _____

AS A CONDITION OF STANDRIDGE GRANITE CORP. EXTENDING CREDIT AND PROVIDING SERVICE OR PRODUCT, CUSTOMER AGREES TO PAY ALL COURT COSTS AND ATTORNEY FEES IN THE EVENT LITIGATION ENSUES FOR COLLECTION.