

# A-1 BLOCK & BRICK, LLC



1031 PARK ROAD  
PO BOX 5424  
SEVIERVILLE, TN 37864  
PHONE: 865-774-8467  
FAX: 865-774-8826

## CREDIT APPLICATION/CONTRACT

\*\*\*OMISSION OF ANY REQUESTED INFORMATION COULD RESULT IN DELAY OR POSSIBLE DENIAL OF CREDIT APPLICATION\*

Business or Individual's Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If Different from Street Address)

City, State, Zip: \_\_\_\_\_ Phone \_\_\_\_\_

County: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

This applicant is (circle one): Corporation Partnership LLC Individual

Federal Tax ID Number: \_\_\_\_\_

Officers, Partners and/or Owners

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

Title: \_\_\_\_\_ DOB \_\_\_\_\_

Title: \_\_\_\_\_ DOB \_\_\_\_\_

Social Security#: \_\_\_\_\_

Social Security# \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Please use reverse side for additional Officers, Partners, and/or Owners*

### Trade References:

List 4 (four) Major Suppliers with whom credit has been established for at least one year:

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Bank References:

List Financial Institutions with whom a lending history has been established and also with whom accounts are established.

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Execution of this Credit Contract constitutes Applicant's authorization to contact Bank References at any time regarding Applicant's accounts.)

# A-1 BLOCK & BRICK, LLC

**General Information:**

Requested Amount of Credit: \$ \_\_\_\_\_ Years in Business \_\_\_\_\_

Is application being made for a specific project or for use on a regular basis? \_\_\_\_\_

If regular basis: In what type of work is applicant normally engaged?

Residential Construction \_\_\_\_\_ Spec Homes \_\_\_\_\_ Commercial Construction \_\_\_\_\_

Contract Homes \_\_\_\_\_ General Contractor \_\_\_\_\_ Subcontractor \_\_\_\_\_

If Specific Project: Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Prime Contractor Name and Address (if other than applicant)

Are Applicant's purchases exempt from sales tax? \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_ (If purchases are exempt from sales tax, we are required by law to obtain a signed tax exemption certificate before we can remove sales tax from your invoices. Please attach certificate to this application).

Have you ever or do you currently have credit established with A-1 Block & Brick, LLC? If yes, in what name?

Have you ever or are you currently conducting business under any other name? If so, list all names

**Terms and Conditions**

All accounts are due on receipt of statement and not later than the 10<sup>th</sup> of the month following the date of the invoice. A finance charge of 1.5% (18% APR) will be made on all past due accounts. If account is placed in the hands of an attorney for collection, or suit has to be filed, that purchaser agrees to pay all court costs and reasonable attorney fees, in addition to the invoice amount and service charges. Which fees shall be added to and become part of the judgment.

In consideration of credit being extended to the above business by A-1 Block & Brick, LLC, we the undersigned, agree to be jointly, severally and individually responsible for payment for any and all goods and services furnished by A-1 Block & Brick, LLC to our firm or to us individually. This is a continuing agreement and will remain in full force and effect until the same is revoked either by the undersigned or A-1 Block & Brick, LLC by giving written notice by registered or certified mail of said revocation. We value all claims against the credit applicant if we are called upon by A-1 Block & Brick, LLC to honor this Guaranty.

The undersigned hereby consents to A-1 Block & Brick, LLC use of a consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principals(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as represented by this application.

We hereby attest to the accuracy of the information contained in this application. This agreement made and entered into

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

PLEASE MAIL ORIGINAL TO: PO Box 5424, Sevierville, TN 37864  
For faster service, you may also fax to: 865-774-8826  
ALWAYS mail original back to us. Thank you.