

Vermont
Miles Supply, Inc.
Barre, VT
800-396-8049
Fax: 802-476-3954

Georgia
Miles Supply, Inc.
Elberton, GA
888-283-5863
Fax: 706-213-1790

Pennsylvania
Miles Supply, Inc.
Montrose, PA
888-278-8383
Fax: 570-278-0436

Minnesota
Miles Supply, Inc.
Rockville, MN
800-789-0815
Fax: 320-345-2193



Application For Credit

Name of Firm or Individual _____ E-mail Address _____

Is your business tax exempt? YES NO (Please attach a completed Tax Exempt form, if yes.)

Federal ID Number _____

Physical Address _____ Mailing Address (if different) _____

City _____ State _____ Zip _____ Phone _____ Fax _____

HEREBY applies for credit in accordance with the terms and conditions of:

Miles Supply, Inc. Miles Supply, Inc. Miles Supply, Inc. Miles Supply, Inc.
1599 Hartwell Hwy & 143 Boynton St. & 96 Ellsworth Drive & PO Box 64; 1660 W Broadway St
Elberton, GA 30635 & Barre, VT 05641 & Montrose, PA 18801 & Rockville, MN 56369

Finance Charges of 1.5% per month (18% per annum) will be calculated for all unpaid balances over 30 days. All accounts, unless otherwise arranged, are payable on or before the net due date as shown on each invoice and/or statement.

OWNERSHIP (All Fields Must Be Filled In For Credit Application To Be Processed.)

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. _____
Names of Principal(s) Social Security Number (Required)*

2. _____

3. _____

* By extending credit Miles Supply is essentially providing an unsecured loan. Under the advisement of both our Bank and Board of Director's, we are now required to have this information on file. We can assure you that this information will not be used for any other reason than to collect past due accounts after all reasonable and sincere means of collection have been exhausted.

FINANCE (All Fields Must Be Filled In For Credit Application To Be Processed.)

Bank Name _____ Account Number _____ Bank Officer or Department To Contact _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

REFERENCES We ask that you please provide the names of at least two granite manufacturing firms that you do business with at this time. (If such a relationship exists)

1. _____
Names of Principal(s) Address City St Zip Phone FAX

2. _____

3. _____

Check here if cash sales are okay until credit is approved.

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit. In addition, I authorize Bank, Individual, and Business credit investigations and if requested, I agree to furnish a current financial statement or sufficient information for a compilation of a current financial statement. In addition, I expressly waive all rights of exemption, where allowable by law, as to personal or real property and further agree to pay all costs of collection or attempting to collect or secure any and all debts which I may now or in the future owe creditor for goods sold to me. In the event that my application is approved, I also give my consent to have Miles Supply and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit, both in connection with the same Transaction or an extension of credit; to obtain credit reports and other information for account review purposes and other legitimate purposes associated with this account. This agreement is made and entered into in Barre, Vermont and/or Elberton, Georgia and shall be governed and construed according to the Laws of the State of Vermont and/or Georgia.

(Signed)

Date _____ (Title) _____

FOR OFFICE USE ONLY

Reference Checked By: _____	Amount: _____
<input type="checkbox"/> Credit Approved By: _____	<input type="checkbox"/> Credit Refused By: _____

2/12/2015