7526 Connelley Dr Ste G Hanover, MD 21076 *Phone: (410) 766-2210* *Fax: (410) 630-5515*

Core Drilling – Concrete Sawing - Debris Removal – Firestop - GPR

CREDIT APPLICATION

(PLEASE COMPLETE AND SIGN BOTH PAGES)

NAME OF BUSINESS: _____

ADDRESS: _____

_____ _____ _____

City State Zip Code

PHONE NUMBER: _____ **FAX NUMBER** _____

YEAR IN BUSINESS: _____ **EMAIL ADDRESS**_____

PRINCIPAL OWNERS: _____ **% of Ownership** _____

_____ **% of Ownership** _____

_____ **% of Ownership** _____

Full Name **EIN Number or Social Security #**

_____ _____

TERMS OF AGREEMENT

In consideration of you extending credit to the firm of _____, (Corporation, Partnership, Trade Name) and in further consideration of all work performed for said firm, the undersigned do hereby jointly and individual guarantee the payment by aforesaid business concern on the terms stated in each purchase order or other given in (writing, telephonically, orally, or otherwise by an agent of the aforesaid organization). You are authorized to charge (2%) interest per month on all accounts past due. We, the undersigned may be held jointly and severally liable to G&M Services, LLC and/or Concrete Visions, LLC. This guarantee is continuing. The undersigned hereby further agrees he shall pay in addition to the indebtedness due and owing reasonable attorneyôs fees plus all court costs. Venue will be at the sole discretion of G&M Services, LLC and/or Concrete Visions, LLC. The parties hereby acknowledge that the goods and/or services are not payable in installments, but are payable in full. I have read the above and understand completely. Witness our hand and seal this the _____ day of _____, 20_____.

Please note: The above referenced firm also acknowledges that G&M Services, LLC and/or Concrete Visions, LLC assumes no responsibility for lay-out or damage to hidden utilities, piping, beams, structural reinforcement, stress cable, etc.

_____ _____

Signature (Principal of Company) Signature (Witness)

How Were You Referred To Us: _____

For office use only.

Reqtôd By: VR Sales Rep. _____ Approved By: _____ Date Approved: _____ Credit Limit: _____

YOUR COMPANY ACCOUNTS PAYABLE

CONTACT PERSON: _____ PHONE NUMBER_____

- **DOES YOUR COMPANY REQUIRE JOB NUMBERS'? _____ YES _____ NO**
- **DOES YOUR COMPANY REQUIRE P.O. NUMBERS'? _____ YES _____ NO**

IF APPLICABLE, PLEASE LIST JOB NAMES WITH PROJECT MANAGERS' NAME AND PHONE NUMBER.

_____

If you are affiliated with, owned by, or partnered with any other company, please provide the name(s) and phone number(s) of those companies.

_____

_____

HOW DID YOU HEAR ABOUT G&M SERVICES AND/OR CONCRETE VISIONS:

_____

TYPE OF COMPANY: GC☐ Mechanical ☐ Plumbing ☐ Electrical☐ Other☐_____

BANKS: (NAME OF BANK, PHONE NUMBER AND FULL ADDRESS)

Name:	Phone Number	Fax Number:
Address:		
City	State	Zip Code
Name:	Phone Number	Fax Number:
Address:		
City	State	Zip Code

VENDOR REFERENCES: (COMPLETE NAME OF BUSINESS, ADDRESS, & <u>PHONE AND FAX NUMBER)</u>

***PREFERRABLY A REFERENCE OF ONE YEAR OR MORE DEALINGS**

Name:		Phone Number	Fax Number:
Address:			
City	State	Zip Code	Account#
Name:		Phone Number	Fax Number:
Address:			
City	State	Zip Code	Account#
Name:		Phone Number	Fax Number:
Address:			
City	State	Zip Code	Account#