



OFFICE USE ONLY

APPROVED Yes No

Personal Guaranty? Yes No Tax #: _____

SALES REP: _____ Set up in Salesforce Yes No

CREDIT APPLICATION FORM

Upon completion please forward the form either by fax to (573) 547-1075
Attn: Suzanne Mohr or email to s.mohr@semcostone.com

INSTRUCTIONS: Please print or type. Complete all information and sign where indicated. No credit applications will be processed without a signature of the party responsible. If the applicant is a corporation, the signature must be that of an officer or authorized agent. **Please allow 10 working days to process your application.**

NAME OF BUSINESS/ORGANIZATION: _____

BILLING ADDRESS		SHIPPING ADDRESS	
Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	
Attention: _____		Attention: _____	
Phone #: _____ Fax #: _____		Phone #: _____ Fax #: _____	
Cell #: _____ Email: _____		Cell #: _____ Email: _____	
Please contact me on product updates and price changes		Preferred method of receiving documents US Mail Email Fax	
PURCHASE ORDERS:	Is a purchase order # required? Yes <input type="checkbox"/> No <input type="checkbox"/>	CREDIT AMOUNT REQUESTED:	\$ _____

OWNERSHIP:

INDICATE ONE: Sole Owner Partnership Corporation Limited Liability Corporation Other _____

COMPLETE IF SOLE OWNER OR PARTNERSHIP

Owner/Partner: _____ Owner/Partner: _____
Home Address: _____ Home Address: _____
Phone #: _____ Social Security #: _____ Phone #: _____ Social Security #: _____

COMPLETE IF CORPORATION OR LIMITED LIABILITY CORPORATION **CHECK ONE:** Profit Not for Profit

Corporate Name: _____ State of Incorporation: _____ Federal Tax I.D. # _____
President: _____ Vice-President: _____ Secretary/Treasurer: _____
Address: _____ Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____ City, State, Zip: _____
Phone #: _____ Phone #: _____ Phone #: _____
Social Security #: _____ Social Security #: _____ Social Security #: _____

BANK REFERENCES	
Name of Bank: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Contact Person: _____ Type of Account: _____ Account #: _____	Name of Bank: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Contact Person: _____ Type of Account: _____ Account #: _____

TRADE REFERENCES	Please list at least three references
Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Contact Person: _____ Contact Email or Web Address: _____ Type of Acct / Acct #: _____	Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Contact Person: _____ Contact Email or Web Address: _____ Type of Acct / Acct #: _____
Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Contact Person: _____ Contact Email or Web Address: _____ Type of Acct / Acct #: _____	Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Contact Person: _____ Contact Email or Web Address: _____ Type of Acct / Acct #: _____

**** PROVIDING FAX NUMBERS WILL EXPIDITE PROCESSING OF APPLICATION ****

The information contained herein is submitted by the undersigned for the purpose of obtaining credit. The undersigned hereby consents to Semco Distributing, Inc. the use of a non-business, consumer credit report on the undersigned in order to further evaluate the creditworthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorizes Semco Distributing, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15USC§1681 et seq. Any charges incurred by Semco Distributing, Inc. to obtain credit information will be billed to your open account.

The undersigned expressly agrees to make payment in full to Semco Distributing, Inc. for all purchases in accordance with their invoice(s). Should the undersigned default in any such payment, the undersigned expressly agrees to pay a late service charge at the rate of 1.5% per month (or the highest lawful rate) on any amounts in default. If credit is extended and falls 60 days past due, the undersigned's account will be subject to C.O.D. status until payment is received in full. The undersigned's account will be reviewed as to extending credit for future purchases. The undersigned agrees to pay a \$25 service charge on all checks returned to Semco Distributing, Inc. At the option of Semco Distributing, Inc., all amounts owed by the undersigned shall become immediately due and payable. The undersigned further agrees to pay reasonable attorney's fees and all other costs and expenses incurred by Semco Distributing, Inc. in the collection of any obligation of the undersigned pursuant hereto.

The undersigned further understands, agrees and consents that should any dispute regarding the subject matter of this agreement arise, the undersigned consents to jurisdiction over his person by the courts of the State of Missouri and that this agreement shall be construed in accordance with the Laws of the State of Missouri and no other state.

This agreement shall become effective when accepted by Edward J. Robinson, President. The undersigned shall not transfer or assign this agreement without the prior written consent of Semco Distributing, Inc. The terms and conditions of this application shall, upon extension of credit by the company, constitute an agreement of sale.

Signature: _____ Date: ____/____/____ Signature: _____ Date: ____/____/____
 Printed Name: _____ Title: _____ Printed Name: _____ Title: _____



BLANKET SALES TAX RESALE (EXEMPTION) CERTIFICATE

Purchaser hereby certifies that:

(1) Purchaser holds valid registration permit number _____
issued, under the Sales Tax Law of the State of _____

(2) The tangible property purchased on each order we shall give, unless such order shall otherwise specify and until this notice is revoked by us in writing, is:

(Check one)

For Resale reported on Sales Tax Filings as sales of tangible personal property

Exempt because we are a Tax Exempt Institution. (Please attach copy of Tax Exempt Letter.

Exempt for other reasons. Please explain: _____

Fully taxable on all items purchased.

(3) The undersigned purchaser further certifies that he will assume liability for payment of tax if he uses or consumes the property herein purchased in such manner as to render the sales subject to tax.

Signature: _____ Date: ____/____/____

Printed Name: _____

IF APPLICABLE:

**A COPY OF THE TAX EXEMPTION CERTIFICATE MUST BE
FAXED OR MAILED ALONG WITH THIS CREDIT APPLICATION**





GUARANTY

NOTICE: BY EXECUTING THIS GUARANTY YOU BECOME LIABLE FOR THE OBLIGATIONS OF THE DEBTOR NAMED BELOW.

In consideration of the extension of credit by Semco Distributing, Inc., (creditor) to _____ (Debtor), the undersigned hereby unconditionally guarantees payment of all amounts Debtor shall at any time owe to Creditor on account of goods sold and delivered to Debtor whether such indebtedness is in the form of notes, bills, open account or otherwise. This guaranty shall continue notwithstanding any chance in the form of such indebtedness or renewals or extensions granted by creditor without the necessity of obtaining any consent of the undersigned thereto, until expressly revoked by written notice from the undersigned. Any such revocation shall not in any manner effect the liability of the undersigned as to indebtedness contracted by Debtor prior thereto. This guaranty extends to and includes any an all interest or late charges due or to become due together with all attorney's fees, costs and expenses incurred by Creditor in connection with any matter covered by this guaranty.

The undersigned hereby waives notice of acceptance of this guaranty by Creditor and notice of default or of non-payment. No delay by Creditor in exercising any right hereunder or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against Debtor or any other person otherwise liable, shall operate as a waiver of any such right or in any manner prejudice the rights of creditor against the undersigned. The undersigned hereby agrees that in the event of any default by Debtor, Creditor shall be entitled to proceed against the undersigned immediately for such payment without prior demand or notice. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by Debtor in the enforcement of this guaranty. In the case of multiple guarantors hereunder, all liability of each such guarantor should be joint and several.

Signature:

Signature:

Printed Name:

Printed Name:

Home Address:

Home Address:

City, State, Zip

City, State, Zip

Social Security #

____/____/____
Date:

Social Security #

____/____/____
Date:





**SEMCO STONE, LLC
CREDIT RELEASE AUTHORIZATION**

THIS FORM IS REQUIRED BY ALL FINANCIAL INSTITUTIONS TO OBTAIN CREDIT INFORMATION.

To Whom It May Concern:

To enable my company to participate in Semco Stone, LLC's special credit terms and thereby enhance our business with designer landscaping stone products and our ability to utilize our bank accounts in connection with the same, I hereby authorize you to do the following:

Release to the requesting Semco Stone, LLC and/or its affiliates credit information.

Include the information contained in the attached Bank Reference Letter regarding my company and its business checking and other accounts as requested by Semco Stone, LLC's credit application, which is used to provide special credit terms.

The information will be used for business purposes in connection with Semco Stone, LLC's credit application, which is used to provide special credit terms.

AUTHORIZED SIGNATURE

Signature of Owner/Officer:

____/____/____
Date

Printed Name of Owner/Officer:

Title

