

4875 Jackrabbit Lane P.O. box 1109
 Bozeman, MT 59771-1109
 Ph. (406) 587-4283 Fax (406) 586-7029



CREDIT APPLICATION

Thank you for your interest in our company. Please complete this form entirely so we may have an accurate record for sales and credit purposes. Our credit terms are on this form. If you need further information, please call our offices at the numbers listed above.

BUSINESS APPLICATION

FIRM NAME		PHONE	FAX	FID
STREET ADDRESS		MAILING ADDRESS		
CITY/STATE/ZIP		CITY/STATE/ZIP		
CORPORATE PRINCIPAL / PARTNERS	SS# <i>MUST HAVE SS# TO OBTAIN CREDIT</i>	CORPORATE PRINCIPAL / PARTNERS	SS# <i>MUST HAVE SS# TO OBTAIN CREDIT</i>	
CORPORATE PRINCIPAL / PARTNERS	SS# <i>MUST HAVE SS# TO OBTAIN CREDIT</i>	TYPE OF BUSINESS		
LEGAL ENTITY OF FIRM <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	YEAR BUSINESS STARTED	YR INC.	ST INC.	PURCHASE ORDER RQRD <input type="checkbox"/> Yes <input type="checkbox"/> No

INDIVIDUAL OR JOINT APPLICATION

NAME	SS# <i>MUST HAVE SS# TO OBTAIN CREDIT</i>	SPOUSE'S NAME	SPOUSE'S SS# <i>MUST HAVE SS# TO OBTAIN CREDIT</i>
ADDRESS		PHONE	FAX
CITY/STATE/ZIP		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Years at current address
PREVIOUS ADDRESS			Years at previous address
OCCUPATION	EMPLOYER		YEARS EMPLOYED
EMPLOYER ADDRESS		EMPLOYER PHONE	

PRIMARY PURPOSE OF ACCOUNT

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> MASONRY | <input type="checkbox"/> SAND/GRAVEL |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> EARTH/WELL EX. | <input type="checkbox"/> TOOLS |
| <input type="checkbox"/> MAINTENANCE | <input type="checkbox"/> CONCRETE | <input type="checkbox"/> HANDYMAN |

ESTIMATED YEARLY PURCHASES

- \$0 - 1,000
 \$1,000 - 5,000
 \$5,000 - 10,000
 \$10,000 - 50,000
 \$50,000 +

BUSINES CREDIT REFERENCES ONLY

NAME OF BUSINESS	ADDRESS	DAYTIME PHONE

BANK REFERENCE

BANK NAME AND ADDRESS	CONTACT PERSON	PHONE
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOANS	ACCOUNT NUMBER(S)	

SEE BACK OF THIS FORM FOR IMPORTANT TERMS AND CONDITIONS

DISCLOSURES REQUIRED BY FEDERAL LAW AND STATE LAW

This account is subject to the following terms and conditions:

- 1) This is NOT a revolving charge account. All bills are due in full on the 10th of the month following the date of purchase.
- 2) A FINANCE CHARGE will be imposed under the Kenyon Noble RETAIL CHARGE ACCOUNTS if outstanding balance is not paid within 30 days of the billing date shown on the periodic statement with which the customer will be furnished. The customer will incur no FINANCE CHARGE if the amount due on such period statement is paid within 30 days of the billing date.
- 3) The amount on which a FINANCE CHARGE may be imposed is the outstanding balance at the beginning of the billing cycle without deduction of payment or credits.
- 4) The amount of the FINANCE CHARGE is determined by multiplying the outstanding balance by a FINANCE CHARGE of 1.25% per month. The corresponding annual percentage rate is 15%. Minimum FINANCE CHARGE is \$1.00.
- 5) If the outstanding balance plus any accrued finance charges are not paid within 30 days of the billing date, Kenyon Noble may elect to file Mechanic's liens pursuant to SECTION 71-3-501, ET.SEG.MCA, or pursue any other remedy provided by law. In the event it becomes necessary for Kenyon Noble to initiate any legal or collection action hereunder it is agreed that the Court shall award collection costs and legal fees as a reasonable cost of suit.
- 6) **BUSINESS CREDIT ACCOUNT.** *In the event the undersigned creditor is a contractor, such contractor shall describe the real property, and ownership thereof upon which the goods and materials shall be installed. Such description shall be furnished before any goods and materials shall be delivered hereunder.*
- 7) INDIVIDUAL OR JOINT CREDIT ACCOUNT. All customers shall notify Kenyon Noble of all changes of address after the execution of this agreement.
- 8) CHANGE OF FINANCE CHARGE RATE. A change in the finance charge rate may be made with written notice to address on this application within the 2 billing cycles prior to the effective day of the change.

INDIVIDUAL GUARANTEE

I have read and agree to the terms as outlined in this application. I absolutely guarantee payment to Bozeman, Brick, Block and Tile Co., Inc. for all goods and services sold and/or delivered pursuant to the above Credit Account.

INDIVIDUAL JOINT

SIGNATURE OF RESPONSIBLE PARTY

SIGNATURE OF RESPONSIBLE PARTY

CORPORATE GUARANTEE

I have read and agree to the terms as outlined in this application. I absolutely guarantee payment to Bozeman Brick, Block and Tile Co., Inc. for all goods and services sold and/or delivered pursuant to the above Credit Account.

SIGNATURE OF RESPONSIBLE PARTY

SIGNATURE OF RESPONSIBLE PARTY

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

DATE	BY	LIMIT	ACCOUNT NO.

BOZEMAN BRICK, BLOCK AND TILE

Jerry D. Smith

Box 1387 • 1104 N. Rouse
Bozeman, MT 59715
Phone 406-587-4283



DIAMOND MOUNTAIN PREMIX

AUTHORIZATION

Authorization to Release Information of Credit

I understand that Equifax will be creating a copy of my credit report for the following agency or company. I also agree to have the following agency or company to contact banks, financial institutions and the like to obtain the necessary information to conduct their inquiry.

Bozeman Brick, Block & Tile
POB 1387
Bozeman, MT 59771-1109
Phone: 406-587-9366
Fax: 406-585-2703

I authorize the release of my credit information to the aforementioned agency or company.

Signature

Date

Printed Name

Address

Social Security Number

Co-Signer (if applicable)

Date

Printed Name

Address

Social Security Number

BOZEMAN BRICK, BLOCK AND TILE

Box 1387 • 1104 N. Rouse
Bozeman, MT 59715
Phone 406-587-4283



DIAMOND MOUNTAIN PREMIX

AUTHORIZED SIGNATURES

COMPANY/BUSINESS NAME _____

The following persons are authorized to make purchases and charges to my account with BOZEMAN BRICK, BLOCK AND TILE COMPANY.

I understand that only the listed parties and myself may make purchases or charges to my account. I further understand it is my responsibility to provide written notification of any deletions or additions to this list or authorized parties.

PRINTED NAME _____

SIGNATURE OF NAME _____

The above list constitutes those persons who are authorized to purchase or charge to my account and may act as my agent in that capacity. If you are returning this via fax, it is understood to be the original.

Dated this _____ day of _____, _____

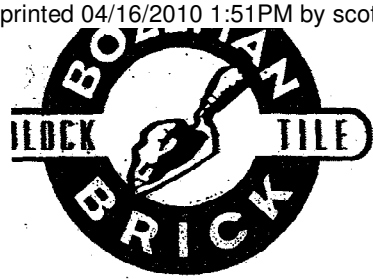
Name of Responsible Party for this account

Signature _____

Title _____

Received on: _____

Received by: _____



Bozeman Brick, Block & Tile

Bozeman · Belgrade · Livingston
Serving Montana Since 1889

Job Addition Form

Must be completed in its entirety to ensure account will be opened.

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Montana Code 71-3-531. (7) Notice of right to claim lien required -- exceptions.
(Montana State Code as directly provided by Montana Legislative Services)

(7) At the request of any subcontractor or material supplier who may claim a lien through a person providing services or materials to a contracting owner, the person shall furnish to the requestor within 5 business days:

- (a) a description sufficient to identify the real estate being improved; and**
- (b) the name and address of the contracting owner.**

History: En. Sec.7, Ch.202, L. 1987; amd. Sec. 1, Ch. 291, L. 1989; amd. Sec. 1, Ch. 484, L. 1991; amd. Sec. 1, Ch. 357, L. 1999.

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Today's Date _____ **Salesperson** _____

Account Name / Number _____

Job Name _____

Delivery Street Address _____

City _____ **County** _____

- Residential** **Commercial** **Subcontractor**

Property Owner's Name _____

Owner's Mailing Address _____

City _____ **County** _____

Building Site Legal Description _____

Contractor Signature _____ **Date** _____