CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION							
Name/Title:							
Company Name:							
Phone:	Fax:	Email:					
Address:							
City:	State:	Zip:					
Year Business Established:							
Sole Proprietorship	Partnership	Corporation	Other:				
BUSINESS AND CREDIT INFORMATION							
Primary Business Address:							
City:	State:	Zip:					
How long at current address?							
Phone:	Fax:	Email:					
Bank Name:	Bank Contact:						
Bank Address:	Bank Phone:						
City:	State:	Zip:					
Type of Account:	Account Number:						
BUSINESS / TRADE REFERENCES							
Company Name:	Contact:						
Address:							
City:	State:	Zip:					
Phone:	Fax:	Email:					
Type of Account:							
Company Name:	Contact:						
Address:							
City:	State:	Zip:					
Phone:	Fax:	Email:					
Type of Account:							
Company Name:	Contact:						
Address:							
City:	State:	Zip:					
Phone:	Fax:	Email:					
Type of Account:							

Date:		 	
Signatur	e:		
_			

Title:

Natural. Eternal. Limestone."

Indiana Cut Stone

Please return completed credit application to:
Indiana Cut Stone
P.O. Box 13
Harrodsburg, IN 47434
Or by fax (812) 275-0266