

**Harford Industrial Minerals, Inc.**  
**40 Fort Hoyle Road**  
**Joppa, MD 21085**

**(410)-679-9191**  
**Fax (410)-679-0360**

**APPLICATION FOR CREDIT**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE PROVIDED**

Indicate: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Name, Address & Phone Number of Officer or Club Managers, if applicable:

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Manager: \_\_\_\_\_

**BANK REFERENCES**

Name & Address of Bank: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BUSINESS REFERENCES: Please include name of company, address and phone number:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**CREDIT TERMS**

All invoices are due in 30 days. A service charge will be assessed on delinquent invoices at the end of each month if the invoices are not paid in full.

In the event of default, if this account is turned over to an attorney for collection, the undersigned agrees to pay all attorney fees, whether or not suit is filed.

**CREDIT POLICY AND GUARANTY AGREEMENT**

All payments are due in 30 days. Statements are rendered as of the date of invoice and the first day of a month. C.O.D. restrictions may be placed on any past due account. A 1.5% finance charge will be assessed on overdue invoices.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY HARFORD INDUSTRIAL MINERALS INVOICES IN ACCORDANCE WITH THE ABOVE TERMS. THE INDIVIDUALS SIGNING THIS AGREEMENT HEREBY PERSONALLY AGREE TO GUARANTEE ALL OBLIGATIONS INCURRED HEREUNDER.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

The above information as well as the given on the reverse, is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Harford Industrial Minerals, Inc. by signature above, to investigate the references listed above pertaining to credit and financial responsibility.

**INCOMPLETE OR UNSIGNED APPLICATIONS CAN NOT BE PROCESSED**

\_\_\_\_\_

Application Approved \_\_\_\_\_ Application Declined \_\_\_\_\_

Account Number \_\_\_\_\_ Credit Code \_\_\_\_\_

Date \_\_\_\_\_