

**5401 VICTORIA AVE., SUITE 100 DAVENPORT, IA 52807**  
**TELEPHONE#: (563) 359-8251 FAX#: (563) 344-3730**

## APPLICATION FOR CREDIT

ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, WRITE N/A OR NONE.

Date: \_\_\_\_\_ Check one: New Account \_\_\_\_\_ Revision \_\_\_\_\_

Business Type: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Individual \_\_\_\_\_  
Other (describe) \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

How Long in Business \_\_\_\_\_ Description of Business \_\_\_\_\_

Federal ID # \_\_\_\_\_ Social Security # (if individual) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Officers, Partners, or Proprietor:

_____	Title _____
_____	Title _____
_____	Title _____
_____	Title _____

Have you ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach brief description.

Parent Company \_\_\_\_\_ Address \_\_\_\_\_

CREDIT REFERENCES:	NAME	ADDRESS	TELEPHONE
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Bank/Account# \_\_\_\_\_

Credit Reference \_\_\_\_\_

Credit Reference \_\_\_\_\_

Credit Reference \_\_\_\_\_

Credit Reference \_\_\_\_\_

TAX EXEMPT: YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, attach tax exemption certificate. We must be notified of any tax exemption prior to shipments of material. Sales tax will be charged if a valid exemptions certificate is not received.

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Specific Job/Project \_\_\_\_\_ Location \_\_\_\_\_  
Prime Contractor \_\_\_\_\_ Address \_\_\_\_\_  
Job Financed By \_\_\_\_\_ Job Bonded By \_\_\_\_\_

.....  
Estimated Credit Requirements \$ \_\_\_\_\_ Circle one:      Monthly      Annually  
Estimated Tonnage Required For This Job \_\_\_\_\_

**TERMS AND CONDITIONS**

Applicant's signature attests financial responsibility, ability, and willingness to pay according to our credit terms as stated on the invoices and in this application for credit. Linwood Mining and Minerals Corp. (herein referred to as Linwood) reserves the right to CHARGE INTEREST for amounts not paid according to these terms at the rate as stated on the invoices (or at 18% annual if no rate is stated on the invoice) on the unpaid balance. Linwood also reserves the right to LIMIT OR TERMINATE CREDIT if account is not paid according to these terms and conditions or as Linwood deems necessary. Applicant also agrees to pay Linwood a fee when their payment is returned to us for non-sufficient funds.

This applicant and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes Linwood to obtain a written or oral credit report from any credit reference or any credit reporting agency. Applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to Linwood which will assist Linwood in it's credit investigation. The applicant further authorizes Linwood to investigate the applicant's credit status from time to time as Linwood deems necessary. Any changes in legal status must be communicated to Linwood by certified mail within 30 days. The original applicant will remain liable until such time as Linwood has received notice of change in legal status, been given a reasonable period of time to respond to such notice, and to establish credit for the new entity. Further, should this account be placed for collection, the applicant agrees to pay all costs of collection of the outstanding debt including, but not limited to, attorney's fees, court costs, collection fees, and interest until the debt is paid in full.

OFFICER OR OWNER'S SIGNATURE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM MUST BE MAILED TO LINWOOD WITH ORIGINAL SIGNATURES**

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For Linwood's Credit Department Use Only:      Name \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Date \_\_\_\_\_