

**ULTRABLOCK, INC.**  
**ULTRABLOCK OF CALIFORNIA, INC.**  
**STONETERRA, INC.**  
**TEKNAFAB, INC.**

815 NE 172<sup>nd</sup> Ave., Vancouver, WA. 98684  
360-694-0141 Office \* 800-377-3877 Toll Free \* 360-694-0281 Fax  
www.ultrablock.com

**BUSINESS APPLICATION AND AGREEMENT FOR CREDIT**

The information given on this application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Ultrablock, Inc., Ultrablock of California, Inc., StoneTerra, Inc. and/or Teknafab Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

BUSINESS NAME:		TEL NO.	
PHYSICAL ADDRESS:		FAX NO.	
CITY, STATE, ZIP:			
BILLING ADDRESS: (IF DIFFERENT)			
CITY, STATE, ZIP:			
NAME OF PARENT CO.: (IF SUBSIDIARY)			
TYPE OF BUSINESS:			
BUSINESS ORGANIZATION:	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>
DATE STARTED:		DATE INCORPORATED:	
FEDERAL ID#:		UBI:	
IF EXEMPT FROM STATE SALES TAX CHECK HERE <input type="checkbox"/> <u>IF EXEMPT, ATTACH A STATE SALES TAX EXEMPTION CERTIFICATE.</u>			
NAME OF PERSONS AUTHORIZED TO PURCHASE w/ TEL. NO. & EXT. NO.:			
1.	4.		
2.	5.		
3.	6.		
ACCTS. PAYABLE CONTACT:		TEL. NO.:	
CONTRACTOR'S LICENSE NO.		STATE ISSUED:	
BONDING COMPANY:		BOND NO.:	

CREDIT APPLICATION CONTINUED

OFFICIERS, PARTNERS, OR INDIVIDUAL OWNERS					
NAME:			TITLE:		
1.					
2.					
3.					
BANK REFERENCE NAME:				CONTACT NAME:	
TEL. NO.		FAX NO.		ACCOUNT NO.	
TRADE REFERENCES:					
NAME:		ADDRESS		TEL. NO.	FAX NO.
1.					
2.					
3.					
4.					

**AGREEMENT AND TERMS OF SALE**

If granted an open account , I/We agree to pay all invoices according to the term thereon and that any amounts not paid within the terms shall bear service charges of 1-1/2% per month, 18% per annum, until paid in full. The applicant further agrees to pay all cost of collection, including reasonable attorney's fees incurred by Ultrablock, Inc., Ultrablock of California, Inc., or Teknafab, Inc. in the event that all sums due said company are not timely paid. If payment is not made within terms, credit maybe terminated and account placed on COD. The applicant warrants that he/she is authorized to complete this credit agreement and agrees to its terms. The applicant agrees to the use of facsimile for purchase orders, change orders, quotes, and other documents. The undersigned also authorizes the bank and trade references to release credit information.

FIRM NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_