



AMERICAST ARCHITECTURAL STONE, LLC

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www.americastarchstone.com

DEALER CREDIT APPLICATION

The following information must be completed in full and is guaranteed to be held in strictest confidence.
PLEASE PRINT LEGIBLY

COMPANY NAME

NAME OF PRINCIPLE

D/B/A (if different)

ADDRESS

PHONE

FAX

E-MAIL

CREDIT LIMIT REQUESTED

FINANCE (Bank name)

OFFICER

TELEPHONE

FAX

ADDRESS

TRADE REFERENCES (please list 3 with address, telephone and fax)

We understand that in the event that our account must be placed for collection, all attorney's and/or collection fees will become part of the outstanding balance that we owe to Americast Architectural Stone, LLC. We certify that all information on this form is correct and that we fully understand your credit terms and agree to the payment in consideration of extended credit. I understand that Americast Architectural Stone, LLC will check business and personal credit history.

SIGNATURE

DATE

TITLE

SEAL

Please mail or fax this completed form to Americast Architectural Stone, LLC at numbers listed above.