



**Laurel Valley Soils**  
705 Penn Green Road  
P.O. Box 640  
Avondale, PA 19311  
610 268-5555 1-866LV-SOILS  
610 268-8601 fax  
[www.laurelvalleysoils.com](http://www.laurelvalleysoils.com)

*Laurel Valley Compost... It's time and money well spent*

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## BUSINESS CREDIT APPLICATION

Name of Business: \_\_\_\_\_

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

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

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

Owner/Manager: \_\_\_\_\_

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

How long in business: \_\_\_\_\_

Tax Exempt Status: \_\_\_\_\_ fax certificate for exemption

### Information on Owner(s), Partners, or Corporate Officers:

| Name and Title | Address | Social Security Number |
|----------------|---------|------------------------|
| _____          | _____   | _____                  |
| _____          | _____   | _____                  |
| _____          | _____   | _____                  |

### Trade References (minimum of three): *(Please include fax numbers when available)*

<sup>1</sup>Name: \_\_\_\_\_

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

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

<sup>2</sup>Name: \_\_\_\_\_

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

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

<sup>3</sup>Name: \_\_\_\_\_

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

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

<sup>4</sup>Name: \_\_\_\_\_

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

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

<sup>5</sup>Name: \_\_\_\_\_

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

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

**Bank References:**

<sup>1</sup>Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

<sup>2</sup>Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Are there any lawsuits, liens, or judgments against company?: \_\_\_\_\_

The undersigned authorizes inquiry as to credit information, and acknowledges that credit privileges, if granted, may be withdrawn at any time.

Printed Name Signature Date

\_\_\_\_\_  
\_\_\_\_\_

In consideration of your extending credit at my/our request to the above named applicant, I/we as guarantor(s) hereby jointly and severally (if there is more than one guarantor), personally, unconditionally and absolutely guarantee to you the payment of any obligation of the above business entity whenever the applicant shall fail to pay the same. Guarantor agrees to pay all collection costs associated with the collection of the debt amount including attorney fees. This guaranty shall be enforceable, or after, proceeding against applicant, or simultaneously therewith and without resort to any security. This guaranty shall continue in force until notice in writing of terminated by creditor.

Printed Name Signature Date

\_\_\_\_\_  
\_\_\_\_\_

\*Must be signed by husband and wife if guarantor is married

**Upon completion fax to (610) 268-8601. Thank you.**