

D.C. Materials, Inc.
3334 Kenilworth Ave., Suite B
Hyattsville, Maryland 20781

Telephone (301) 403-0200

Fax (30 1) 403-0206

CREDIT APPLICATION

Business Phone : _____

Company Name: _____ Fax: _____

Street Address : _____

City & State: _____ Zip Code: _____

Type of Business: _____ Years in Business: _____

Full Name, Address and Telephone Number of Owners and Other
Authorized Corporate Officers:

1. _____

2. _____

3. _____

Please Check One: Individual _____ Partnership _____ Corporation _____

Year Incorporated: _____ State _____

Federal Tax I.D. Number: _____

Tax Exempt Number (if applicable) : * _____

*Copy of Tax Certificate must be sent with application

Estimated Credit Requested: _____

Are Purchase Orders Required: Yes _____ No _____

Contact Name for Accounts Payable: _____

Phone Number for Accounts Payable: _____

CREDIT REFERENCES

CompanyBankName &Address: _____

Account #: _____ Telephone Number: _____

Contact Name: _____

TRADE REFERENCES

(Please List Three (3) Current Accounts)

Company Name, Address, Telephone Number and Contact Person:

1. _____

2. _____

3. _____

TERMS :

1. All Invoices due and payable NET 30 DAYS from Invoice Date.
2. All Change Order work is due and payable NET 30 DAYS per Invoice date. Signed approved Change Orders must be received before material is delivered.
3. Statements will be sent at the end of the month. Payment due from Invoices (no tickets sent with Invoices) or Statement.
4. Service Charge of 1 1/2% per month, 18% annually, for accounts over thirty (30) days.
5. All accounts over sixty (60) days past due are placed on C.O.D. until payment is made.
6. Letters of Lien will be sent for monies due on accounts over seventy (70) days to both account holder and owner of job/property where work was done.
7. The undersigned agrees the company will reimburse D.C. Materials, Inc. for all collection costs, including 25% attorney's fees, interest and court costs.

Signature: _____ Date: _____

Print Name: _____

Title: _____

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PERSONAL GUARANTY

_____, 20____

For good and valuable consideration, the receipt of which is hereby acknowledged, and in order to induce D.C. Materials, Inc. (hereinafter "DCM") to extend credit on open account to _____, whose address is _____ (hereinafter the "Borrower"), the undersigned whose name(s) and address(es) is (are) _____

_____ hereby personally guarantee(s) to DCM, its successors and assigns, absolutely and unconditionally, the prompt and full payment of all of Borrower's liabilities, obligations, and indebtedness to DCM whether past, present or future, direct or indirect, absolute or contingent, including but not limited to all sums due to DCM on open account, accrued interest, and finance charges (hereinafter collectively called "Liabilities").

The undersigned further agree(s) that, with or without notice or demand, the undersigned will reimburse DCM for all expenses, including attorney's fees, incurred by DCM in connection with the Liabilities of the collection thereof, and including all expenses and attorney's fees incurred by DCM in connection with enforcement of and collection upon this guaranty.

This guaranty is a continuing guaranty and shall remain in full force and effect irrespective of any interruptions in the business relations of the Borrower with DCM. This guaranty does not affect DCM's right to refuse credit at any time, and such refusal does not affect the undersigned obligations hereunder.

This instrument is a guarantee of payment and not of collection. The undersigned waive(s) any right to require that any action be brought against the Borrower by DCM, and understands that the liability of the undersigned is direct and unconditional.

The undersigned hereby waives notice of the maturity of payments, notice of default by the Borrower and any and all other notices required by statute or otherwise.

If signed hereunder by two (2) or more persons the undersigned agrees that the guarantees, obligations and undertakings in this personal guaranty are joint and severable.

(Signature)

(Signature)

(Print Name)

(Print Name)

STATE OF _____

CITY/COUNTY OF _____, to wit:

SUBSCRIBED and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

STATE OF _____

CITY/COUNTY OF _____, to wit:

SUBSCRIBED and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____