



A PRODUCT BY POET

4506 N. Lewis Ave
Sioux Falls, South Dakota 57104
poet.com/asphalt

TOLL FREE: 888.327.8799
PHONE: 605.332.2200
FAX: 605.332.2266

Account #: _____

CREDIT APPLICATION

Line of Credit Requested (per month) \$ _____ Date: _____

Customer/Business Name: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

How many Years in Business: _____ Federal Tax ID # or SS#: _____

Former Business (if less than 1 year): _____ Type of Business: _____

No. of Employees: _____ Est. Annual Sales \$ _____ Sales Area: _____

Sole Proprietor _____ Partnership _____ Coop _____ Corporation _____ LLC _____ LLP _____

Corporate Principals (if applicable):

President: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Vice President: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Has the firm or any of its principals ever filed for bankruptcy? Yes _____ No _____ (If yes, please attach explanation)

Accounts Payable Contact: _____ Purchasing Contact: _____

Bank Reference:

PLEASE PROVIDE BANK FAX # TO ENSURE THE QUICKEST APPROVAL TIME!

Checking _____ Amortized Loan _____ Line of Credit _____ Savings _____

Name of Bank: _____ Bank Contact: _____

Phone: _____ Fax:

Address: _____ City: _____ State: _____ Zip: _____



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Trade References:

PLEASE PROVIDE FAX #'S TO ENSURE THE QUICKEST APPROVAL TIME!

1. Name: _____ Contact: _____

Phone: _____ Fax:

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Contact: _____

Phone: _____ Fax:

Address: _____ City: _____ State: _____ Zip: _____

Terms:

SECURITY AGREEMENT: Buyer grants to Poet Nutrition a security interest in all goods sold under this agreement and the proceeds of such goods and also grant hereby a security interest in all inventory accounts and contract receivable and such other security interests. The Buyer appoints any agent of Poet Nutrition to act as attorney-in-fact for Buyer to execute any financial statements or other documents necessary to perfect the security interests granted hereunder.

Applicant agrees to pay 1 ½ % per month or the maximum legal rate on the unpaid balance due above net 30 days from date of invoice and shall accrue from the due date until paid or in accordance with the highest rate allowable by law in the state of venue or by governing usury statutes.

Should credit availability be granted by Poet Nutrition, all decision with respect to the extension or continuation is at the sole discretion of Poet Nutrition. Applicant agrees to provide to Poet Nutrition, upon request, updated financial information and a revised credit application, as conditions for the continued extension of credit. Poet Nutrition may terminate any credit availability within its sole discretion.

Applicant agrees to pay any collection costs incurred to collect the account balance including reasonable attorney's fees. Applicant further agrees to payment of tonnage tax based on point of sale and fuel surcharges where applicable.

I (we) the undersigned certify that the foregoing statements and representations are true and correct statements. The undersigned representative of applicant is duly empowered to enter into and make binding agreements on behalf of the applicant. I (we) further represent that the customer applying for the credit, has the financial ability and willingness to pay for all invoices within established terms.

Furthermore, the undersigned does hereby grant permission to Poet Nutrition or their designated agent to check any credit information listed and obtain any additional information about the credit experience in order to evaluate the credit request made hereby.

Signature

Title

Credit Department Use Only:

Date Approved: _____ Approved By: _____ Amount Approved \$ _____

Date Declined: _____ Declined By: _____ Reason: _____