

GREENBACK ASPHALT CO., INC.
P.O. BOX 170
LENOIR CITY, TN 37771-0170
(865) 986-8216 OFFICE
(865) 986-8242 OFFICE FAX
(865) 988-8502 PLANT
(865) 988-9320 PLANT FAX

Enclosed you will find a blank credit application for our company, please be sure to complete it and send it back to us as quickly as possible in order for us to process your request for an account. Please allow seven business days for this process. Until we receive your completed application and approval, you will be on a cash only basis with our company. Remember, only a legal officer or principal owner of your company has the authority to sign the application and guaranty, any applications received without the signature of an owner or officer will be rejected and a new one will have to be submitted. Also, if your company is exempt from sales tax, you must include an exemption certificate with your application. If you have any questions concerning this request, please contact me at the above listed office number.

Thank you,

A handwritten signature in blue ink that reads "Kimberly Patty". The signature is written in a cursive, flowing style.

Kimberly Patty
Secretary

GREENBACK ASPHALT CO., INC.
P.O. BOX 170
LENOIR CITY, TN 37771-0170
(865) 986-8216 OFFICE
(865) 986-8242 OFFICE FAX
(865) 988-8502 PLANT
(865) 988-9320 PLANT FAX

CREDIT APPLICATION

DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

FEDERAL TAX ID: _____ YEARS IN BUSINESS: _____

CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____

IF CORPORATION, DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____

TYPE OF BUSINESS: _____ AMOUNT REQUESTED \$ _____

ACCOUNTS PAYABLE CONTACT: _____

GIVE FULL NAME AND HOME ADDRESS OF INDIVIDUAL AND, IF A FIRM, OF EACH PARTNER, OR IF A CORPORATION, OF EACH OFFICER AND OFFICE HELD BY EACH.

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ PHONE: _____

DRIVER'S LICENSE AND STATE: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ PHONE: _____

DRIVER'S LICENSE AND STATE: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ PHONE: _____

DRIVER'S LICENSE AND STATE: _____

BANKING INFORMATION
CHECKING/SAVINGS

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT NUMBER(S): _____

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT NUMBER(S): _____

LOAN(S)

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT NUMBER(S): _____

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT NUMBER(S): _____

VENDOR CREDIT REFERENCES

VENDOR NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT NUMBER(S): _____

VENDOR NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT NUMBER(S): _____

Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit terms on vendor invoices or, if none appear according to the terms of NET 15th. Applicant agrees to a 1.5% per month service charge, or the maximum allowed by law, whichever is lower, if not paid within the agreed terms. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within thirty (30) days of any change in business organization, financial condition or controlling ownership. In consideration of any extension of credit by **Greenback Asphalt Co., Inc.** should any indebtedness not be paid in accordance with the terms of credit, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees at both trial & appellate levels. Attorney's fees and costs shall be payable whether suit be brought or not. This agreement is interpreted and governed by the laws of the State of Tennessee. Venue for any proceeding shall take place in Blount County, Tennessee.

APPLICANT: _____ BY(SIGNATURE): _____

DATE: _____ TITLE: _____

PERSONAL GUARANTY

In consideration of the extension of credit to the applicant named herein, whether by _____ or any of its subsidiaries or affiliates, the undersigned, as individual(s) and not as corporate officers, jointly, severally, and unconditionally guarantees and promises to pay all amounts due and owed by the applicant to **Greenback Asphalt Co., Inc.** and/or it's subsidiaries. This is a continuing guaranty and obligations arising hereunder shall not be affected by any change in terms of indebtedness or the acceptance of security or collateral. Vendor shall not be required to exhaust any remedies against applicant prior to exercising rights granted hereby. If it should become necessary to collect sums due by enforcing the terms of this credit agreement against applicant and/or against guarantor(s), the undersigned individuals, jointly, severally, and unconditionally guaranty and agree to pay all costs, including reasonable attorney's fees at both the trial and appellate levels.

GUARANTOR _____ GUARANTOR: _____

WITNESS: _____ WITNESS: _____