



## Certified Installing Contractor Survey & Credit Application

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. What is your primary business focus?
2. What made you decide to get into this business, and why did you choose CHANCE?
3. Has your firm installed a foundation system? If yes, what type, and for how long have you been involved in foundation construction/repair?
4. What geographic radius do you work in? (For instance, 50,100,200 miles from your office)
5. Does your firm have the ability to work on union projects?



## Certified Installing Contractor Survey & Credit Application Cont.

6. What equipment do you currently have to install helical piles?
  
7. What services do you currently offer which would aide you in the promotion of CHANCE helical products?
  
8. What market do you currently focus on?
  - Commercial New Construction
  - Commercial Remedial Repair
  - Institutional
  - Environmental Construction
  - Environmental Remediation
  - Petro-Chemical
  - Pharmaceutical
  - Industrial
  - Residential New Construction
  - Residential Remedial Repair
  - Walkways
  - Other\_
  
9. What advertising do you currently do, and what have you found to be most effective?
  
10. How did you hear about EAS?

# Certified Installing Contractor Survey & Credit Application Cont.

## **Credit Application and Agreement**

### **A. APPLICANT**

Legal Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Web Page \_\_\_\_\_ Type of Business \_\_\_\_\_ How long in Business \_\_\_\_\_

### **B. BUSINESS INFORMATION**

- Sole Proprietorship      Owner \_\_\_\_\_
- Partnership              Partner \_\_\_\_\_  
   Partner \_\_\_\_\_
- Corporation/LLC        President \_\_\_\_\_  
   Vice President \_\_\_\_\_  
   Secretary \_\_\_\_\_  
   Treasurer \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_ Sales Tax Exemption Certificate \_\_\_ Yes No  
(If yes, enclose signed certificate or copy)

### **C. BANKING INFORMATION**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Officer Contact \_\_\_\_\_

**I hereby authorize bank named above to release information requested for the purpose of obtaining and/or revolving credit.**

### **D. TRADE REFERENCES** (Please fill out 3 references)

Name	Contact	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

# Certified Installing Contractor Survey & Credit Application Cont.

## **CREDIT AGREEMENT**

The Preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Earth Anchoring Suppliers, LLC to investigate all references and customary credit information sources including customer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements rendered as of the (net 30 days); C.O.D. or Pre-Pay restrictions may be placed on any past due account.

CREDIT TERMS: If a line of credit is extended, all invoices are due net 30 days. A service charge of one and a half percent (1½% per month), or (18% per annum) or the highest legal rate, whichever is less may be assessed on delinquent invoices.

VENUE: All amounts due for purchases from Earth Anchoring Suppliers, LLC are payable at 183 Locust Avenue No. – 483 West Long Branch, New Jersey 07764. It is further agreed that this agreement is entered into in the state of New Jersey and is governed by the laws of the state of New Jersey.

CHANGE OF OWNERSHIP: I/We understand that we must notify Earth Anchoring Suppliers, LLC in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

FIRM NAME:

\_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_