



COMPLETE AND RETURN ORIGINAL TO

U.S. Silica Company  
P.O. Box 187  
Berkeley Springs, WV 25411

Credit Department: 800-243-7500  
Fax Number: 304-258-5853

US Silica Plant Purchasing from: \_\_\_\_\_

**CONFIDENTIAL CREDIT APPLICATION**

**\*INCORPORATED NAME:** \_\_\_\_\_

**\*TRADE NAME (DBA):** \_\_\_\_\_

**\*BILLING ADDRESS:** \_\_\_\_\_

**\*CITY:** \_\_\_\_\_ **\*STATE:** \_\_\_\_\_ **\*ZIP:** \_\_\_\_\_

Same as above \_\_\_\_\_

**SHIP TO ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**\*PRIMARY TELEPHONE:** \_\_\_\_\_ **PURCHASING NUMBER:** \_\_\_\_\_

**\*ACCOUNTS PAYABLE #** \_\_\_\_\_ **\*A/P CONTACT PERSON:** \_\_\_\_\_

**E-MAIL ADDRESS / A/P** \_\_\_\_\_ **E-MAIL ADDRESS/PURCHASING:** \_\_\_\_\_

**\*Type of Organization:**

- Corporation/State in which Incorporated: \_\_\_\_\_
- Partnership, Limited or General (circle one)
- Sole Proprietorship? Subsidiary of: \_\_\_\_\_
- Division of: \_\_\_\_\_  Exempt from sales tax, if so attach exemption form.
- Other

**Nature of Business:** \_\_\_\_\_ **Date Started:** \_\_\_\_\_

**D&B#:** \_\_\_\_\_ **FEIN#** \_\_\_\_\_ **NUMBER OF EMPLOYEES:** \_\_\_\_\_

**\*PRINCIPALS:** (IF NOT A CORPORATION, ALL FIELDS REQUIRED)

**NAME:** \_\_\_\_\_ **TELEPHONE#** \_\_\_\_\_ **SS#** \_\_\_\_\_

**ADDRESS/STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TELEPHONE#** \_\_\_\_\_ **SS#** \_\_\_\_\_

**ADDRESS/STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

SEE REVERSE SIDE

**PRINT COMPLETE NAMES AND ADDRESSES OF THREE MAJOR SUPPLIERS: DO NOT LIST CREDIT CARDS OR COD SUPPLIERS**

**\*Reference #1**

Company \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

**\*Reference #2**

Company \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

**\*Reference #3**

Company \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

**\*BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ Account# \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone# \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person: \_\_\_\_\_

**\*Credit Investigation Authorization:**

In accordance with the Fair Credit Reporting Act, Public Law 91-508, I authorize U.S. Silica Company, Berkeley Springs, WV, to receive full information as requested relating to our Bank and Credit experiences.

Company Name: \_\_\_\_\_ Authorized Name \_\_\_\_\_  
Please Print Clearly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS AND CONDITIONS:**

Should legal action or third party intervention be required to collect any or all debt, U.S. Silica is hereby authorized to recover any and all costs incurred as allowed by governing state laws. Applicant agrees to consent to jurisdiction in the State or Country of the credit grantor's choice. The purchaser agrees to pay all costs and expenses, including actual attorneys fees, expended or incurred as enforcement of this agreement. Checks returned from the bank (N.S.F., Stop Payment, Uncollected Funds) are subject to a \$40.00 processing fee.

\*Authorized Company Officer: \_\_\_\_\_ Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_