

**GYPSUM SUPPLY CO.  
1125 HARRISON AVENUE  
ROCKFORD, IL 61104  
TEL. 815-398-0380 Ext. #33  
FAX 815-484-4770**

**mosborn@gypsumsupplyco.com**

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(As a condition to Gypsum Supply Co. extending credit to the applicant, a finance charge of up to 1.5% per month will be charged on all invoices not paid on or before the due date.)

COMPANY \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FEIN# \_\_\_\_\_  
CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ACCOUNT# \_\_\_\_\_ SALES TAX EXEMPTION # \_\_\_\_\_

(Attach certificate)

WOULD YOU SUPPLY A FINANCIAL STATEMENT? YES \_\_\_ NO \_\_\_  
ANTICIPATED ANNUAL PURCHASES \_\_\_\_\_

**CREDIT REFERENCES (AT LEAST THREE REFERENCES ARE REQUIRED)**

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ TEL# \_\_\_\_\_  
NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ TEL# \_\_\_\_\_  
NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ TEL# \_\_\_\_\_

The undersigned hereby states that he/she is the owner or principal of the above company and personally guarantees all amounts due Gypsum Supply Co., including any finance charges, as of the date of execution of this Application as well as all amounts that become due subsequent to the date of execution of this Application, including any finance charges. This personal guarantee shall remain in full force and effect as long as credit is extended to the undersigned for any business he/she owns or is associated with, until revoked in writing, and covers all credit extended. This Application authorizes Gypsum Supply Co. to check information about the credit of the undersigned, including, but not limited to, accessing the personal credit report(s) of the undersigned and authorizes the release of information for the purpose of evaluating the extension of credit.

The undersigned agrees and guarantees that in the event of default in payments when due, that he/she will pay in addition to all sums due, all costs of collection, including reasonable attorney's fees, including in-house counsel fees, and court costs incurred by Gypsum Supply Co. The undersigned agrees that this Application shall be construed in accordance with the laws of the State of Illinois, and agrees and consents to the jurisdiction of any court located in Winnebago County, Illinois. Venue for all actions involving Gypsum Supply Co. and the undersigned shall be in Winnebago County, Illinois. The undersigned agrees to pay a finance charge of up to 1.5% per month or 18% per annum for all invoices not paid on or before the due date.

The terms and conditions of this Application may not be modified without the written consent of Gypsum Supply Co. and any attempts by the undersigned to modify the provisions of this Application shall be null and void. The undersigned, by executing this application, accepts and agrees to all terms and conditions in this Application.

SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE PRINT NAME AND TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_

↑The above must be fully completed↑↑↑↑↑↑↑↑↑↑↑↑↑↑↑↑

\_\_\_ I WISH TO HAVE INVOICES MAILED \_\_\_\_\_  
\_\_\_ I WISH TO HAVE INVOICES E-MAILED TO \_\_\_\_\_

—OR—

**Submit Application To: (815) 484-4770**  
**Mail Original To: Gypsum Supply Co./Corporate, 1125 Harrison Avenue, Rockford, IL 61104**