



Natural Paving USA Inc.  
 124 Eason Drive  
 Pooler, GA 31322

Please Email Completed Application to:  
[sales@naturalpavingusa.com](mailto:sales@naturalpavingusa.com)

**DEALER APPLICATION / BUSINESS CREDIT FORM (PAGE 1 OF 2)**

**BUSINESS CONTACT INFORMATION**

YOUR NAME		TITLE	
TELEPHONE NO:		EMAIL ADDRESS	
BUSINESS NAME			
TRADING ADDRESS			
		CITY	
STATE		ZIP CODE	

HOW LONG AT CURRENT ADDRESS	
DATE BUSINESS COMMENCED	

**BUSINESS TYPE**

SOLE PROPRIETOR	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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**ACCOUNTS CONTACT DETAILS**

CONTACT NAME			
EMAIL		TEL NO	

**PURCHASING CONTACT DETAILS**

CONTACT NAME			
EMAIL		TEL NO	

**BUSINESS / TRADE REFERENCES**

NAME						
ADDRESS						
CITY		STATE		ZIP CODE		
TELEPHONE		EMAIL				
TYPE OF ACCOUNT						

NAME						
ADDRESS						
CITY		STATE		ZIP CODE		
TELEPHONE		EMAIL				
TYPE OF ACCOUNT						



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BUSINESS / TRADE REFERENCES CONT'D				
NAME				
ADDRESS				
CITY		STATE		ZIP CODE
TELEPHONE			EMAIL	
TYPE OF ACCOUNT				

BANK NAME			TELEPHONE		
BANK ADDRESS					
CITY		STATE		ZIP CODE	
TYPE OF ACCOUNT					
CHECKING		SAVINGS		OTHER	
ACCOUNT NUMBER					
<i>Additional Requirements: Please provide your latest income statement and balance sheet.</i>					

<b>REQUESTED CREDIT LIMIT</b>	\$
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**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven business days.
3. By submitting this application, you authorize Natural Paving USA Inc. to make inquiries into the banking and business / trade references that you have supplied.

<b>AUTHORISED SIGNATURE</b>		<b>NAME</b>	
<b>POSITION</b>		<b>DATE</b>	

**FOR INTERNAL USE**

ACCOUNT AUTHORISED		ACCOUNT NO	
CREDIT LIMIT		COMMENTS	
ADDED TO ACCTS SYSTEM		DATE	INITIAL