TO THE VALUED CUSTOMERS OF AMERICAN ROCK SALT COMPANY LLC

American Rock Salt Company LLC wants its customers to know and understand its credit terms and policies.

Credit Terms – Credit terms are Net 30 days from the date of shipment, unless otherwise agreed upon in writing by a corporate officer. The date of payment is due based on the date of shipment and is not based on the date of receipt of invoice or merchandise.

Maintenance of Credit Privileges – Continuation of credit privileges is dependant upon maintaining the account in satisfactory condition. Our policy is to suspend credit privileges of customers whose accounts are not maintained on a current basis. All past due accounts are subject to a late payment charge on the past due balance of the lesser of two percent (2%) per month (an annual rate of 24%) or the maximum rate permitted by law. Reasonable collection costs, including attorney fees, incurred in collecting payment for items will be charged and paid by the customer. This is in addition to any other rights we have because of the late payment.

Cash Purchases – Our policy requires payment be received in advance for all purchases made on a cash basis.

Remittance Address – Mail all payments to the American Rock Salt Co., LLC remittance address shown on the invoice. Please return the remittance copy of the invoice or write the invoice number(s) and account number on the check to insure your payment is credited properly.

Correspondence – Inquiries or questions concerning accounts receivable should be mailed to American Rock Salt Co., LLC, Attn: Accounts Receivable, P.O. Box 190, Mt. Morris, NY 14510.

Disputed Items – Customers who have a dispute regarding the amount invoiced should mail payment of the undisputed portion and provide an explanation of the disputed amount or contact American Rock Salt Co.

Past Due Notices – Past due notices may be mailed to customers whose accounts are not maintained in a satisfactory condition. Amounts shown on the past due notice are delinquent and payable immediately.

Credit Application – Our policy requires new customers to file a credit application. The application must contain at least three supplier references and at least one bank reference. If Financial Statements are unavailable, the amount of credit to be granted will be limited.

Sales Tax – American Rock Salt Co., LLC is required to collect sales tax from customers on sales which are subject to state, county, local, or other sales taxes. Customers who are exempt from sales tax must mail a copy of their Sales Tax Exemption Certificate or Resale Certificate (with usage letter) to American Rock Salt Co., LLC, Attn: Accounts Receivable, P.O. Box 190, Mt. Morris, NY 14510.

Your Rights If Credit Privileges Are Denied – If we deny credit privileges to you at any time, you have the right to a written statement of the specific reasons for the denial. To obtain a statement, please contact American Rock Salt Co., LLC, Attn: Accounts Receivable, P.O. Box 190, Mt. Morris, NY 14510 (585) 243-9510 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving a request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

FOR CREDIT DEPARTMENT USE ONLY

Signature: ______________________ Date: ______________________

Credit Approved [ ] Approved Credit Limit $ ________________________ C.O.D. [ ]

P.O. Box 190 | Mt. Morris, NY 14510
P – 888.762.7258
F – 585.243.7676 | www.americanrocksalt.com
Credit Application
(Form ARSC-1)

Company Name: ________________________________

Billing Address: ________________________________
City, State, Zip: ________________________________
County: ________________________________
Shipping Address: ________________________________
City, State, Zip: ________________________________

If you pick up salt, which stockpile will be used? ________________________________

Will these purchases be subject to sales tax? YES NO

If NO, an appropriate Sales Tax Exemption Certificate or Resale Certificate must be attached and form ARSC-2 must be completed.

Please Note: Tax exempt form should reflect the point of sale. If you are picking up salt at our Hampton's Corners mine, a NY form should be used. If you are picking up at a stockpile in another state, please use the appropriate form for that state.

Estimated Credit Requested: ________________________________

AP Contact Name: ________________________________
AP Contact Title: ________________________________
Email Address: ________________________________

Nature of Business: ________________________________
Years in Business: ________________________________

Company Ownership: Sole Proprietor Partnership Corporation
LLC LLP Other: ________________________________

Company Owner/Partner(s):
Name: ________________________________
Title: ________________________________
SS #: ________________________________
Financial Officer: ________________________________
Purchasing Officer: ________________________________

Phone: ________________________________
Fax: ________________________________

Would you like to receive invoices electronically via email? YES NO

CEO:

Phone: ________________________________
Fax: ________________________________

References

Bank Name: ________________________________
Acct #: ________________________________
Bank Address: ________________________________
Bank Contact & Title: ________________________________

Phone: ________________________________
Fax: ________________________________
Supplier References - all information (including telephone and fax numbers) must be filled in for application to be processed. Please provide THREE supplier references.

Supplier Name/Contact: __________________________________________________________
Supplier Street Address: _________________________________________________________
City, State, Zip: __________________________________________________________________
Phone: __________________________________________________________________________
Fax: ____________________________________________________________________________

Supplier Name/Contact: __________________________________________________________
Supplier Street Address: _________________________________________________________
City, State, Zip: __________________________________________________________________
Phone: __________________________________________________________________________
Fax: ____________________________________________________________________________

Supplier Name/Contact: __________________________________________________________
Supplier Street Address: _________________________________________________________
City, State, Zip: __________________________________________________________________
Phone: __________________________________________________________________________
Fax: ____________________________________________________________________________

The information furnished herein is given to American Rock Salt Company LLC for the purpose of inducing ARSC to grant credit privileges and authorizes ARSC to contact references. Customer hereby agrees to the credit terms and conditions set forth on pages 1, 2 and 3 of this credit application. ARSC reserves the right to make changes from time to time in such terms and conditions and customer’s use of credit privileges after such changes have been made shall constitute customer’s agreement to such changes. Customer agrees to pay a late charge on all past due accounts at the rate of 2% per month or the maximum rate permitted by law, whichever is less, and all attorneys’ fees and other costs incurred by ARSC in order to collect amounts owed.

Signature: _______________________________________________________________________
Title: __________________________________________________________________________
Date: __________________________________________________________________________

FOR CREDIT DEPARTMENT USE ONLY: □ C.O.D □ CREDIT APPROVED $ __________________________
Signature: _______________________________________________________________________
Date: __________________________________________________________________________
AMERICAN ROCK SALT COMPANY LLC
* NEW CUSTOMER APPLICATION
* CREDIT CARD PAYMENT FORM

Customer #:

Name of Business:

Type Credit Card: VISA  MASTERCARD  AMEX  DISCOVER

(Circle One)

Name on Credit Card:

Credit Card #:

Expiration Date:

Billing Address for card:

City: State: Zip:

Card Holders Signature:

When you place an order via credit card, a pre-authorization "HOLD" transaction will be placed on the credit card for approximately 10% over the estimated value of the transaction. When your order is complete, the order will be processed and your credit card will reflect the actual charges. By signing this form, you are hereby certifying to ARSC that you are the authorized signer and are providing authorization to charge for the amounts owed per our agreement. Your completion of the form helps ARSC protect you, our valued customer from credit card fraud. ARSC will keep all information entered on this form strictly confidential. Please be advised; effective immediately, that a 3.5% charge will be added to all invoices (with approved payment terms ie. Net 30 Days) if asked to be paid with a credit card after the shipment date. ARSC reserves the right to refuse payment with a credit card for any reason at any time.

*3 DIGIT SECURITY CODE MUST BE PROVIDED VERBALLY WITH EVERY ORDER*

Please fax credit card form back to Customer Service @ 585-243-7676

Company Name:

Business Billing Address: Shipping Address:

City: City:

State, Zip: State, Zip:

County:

Tax ID: E-Mail:

Phone: Fax:

Tax Exempt: YES_____ NO_____ If tax exempt, a Sales Tax Exemption Certificate or Resale Certificate must be attached, along with an American Rock Salt Company Stand Alone Form.

(Canadian customers, include a signed copy of the ARSC Canadian Tax Form)

FOR AMERICAN ROCK SALT COMPANY USE ONLY:

Customer Name: Customer Number:

Date Received by Salesperson: Marketing Date:

P. O. Box 190, Mt. Morris, NY 14510
(888) 762-7258  FAX 585-243-7676

www.americanrocksalt.com