

Port Aggregates, Inc.

CONTINUING AND UNLIMITED
PERSONAL GUARANTY OF PAYMENT

STATE OF LOUISIANA
PARISH OF JEFFERSON DAVIS

Port Aggregates, Inc. (hereinafter called "PAI") anticipates and desires to make sales on credit to _____, a Company. I, _____, Guarantor, will benefit personally from making of such sales on credit to the Company, I, the undersigned, personally guarantee, absolutely and unconditionally, at all times, to PAI, the payment of any indebtedness incurred by

_____,
(Hereinafter called the "Company").

I waive notice of acceptance of this guarantee and all notices of the goods and merchandise sold by PAI to the Company and all notice of defaults of the Company.

I consent to any extensions of time of payment of said indebtedness or renewal at any time of said indebtedness or portion thereof by PAI.

This is to be a continuing guarantee and the extension of time of payment or the acceptance of any payment on the account or the acceptance of notes, drafts, or any security from the Company will not weaken or impair the validity of this guarantee.

If any purchase past or future, made by the Company from PAI is not paid at maturity, PAI will have the right to proceed against me at any time, jointly and severally, without notice and without any proceeding or action against the Company and I waive any demand for payment.

I further agree that if legal action is brought to collect payment on the indebtedness which I guarantee, the legal action against myself may be brought in Jefferson Davis Parish, Louisiana.

The Company, as evidenced by the signature of the authorized representative below, agrees that if suit is brought to collect any indebtedness owed by the Company, the said suit may be brought in Jefferson Davis Parish, Louisiana.

This guarantee will not be affected in any manner by any change in status of the Company.

Should the Company become bankrupt or insolvent, PAI will have the right, at its option, without demand or notice, to proceed against me at any time for the amount of the entire claim due to PAI by the Company, and for costs of collection, court costs, and attorney fees, and to proceed against me individually for the entire claim without going through bankruptcy court.

Excited this _____ day of _____, 20__.

Guarantor

Witness

Address

City, State, & Zip Code

S.S.#

Telephone Number (Area Code & No.)

PORT AGGREGATES, INC.
314 N. MAIN STREET
JENNINGS, LA 70546
PHONE: 337-824-ROCK (7625)
FAX: 337-824-7777

CREDIT APPLICATION

Date _____ Federal Tax ID _____

Company Name _____ Phone _____

Mobile _____ Fax _____ E-Mail Address(required) _____

Mailing Address _____

Physical Address _____

Corporation: Yes () No () President _____

Other Officers (1) _____ (2) _____ (3) _____

Who will sign the indebtedness forms? _____

How long in business? _____ Type of business _____ Estimated annual sales _____

If a contractor, Who is your bonding company? _____

Who is your bonding agent? _____ Phone () _____

What bank do you use? _____ Phone () _____

Address of bank _____

Loan officer _____ Checking _____ Loans _____ Both _____

Purchase orders required: Yes () No ()

Tax exempt: Yes () No () If so, please furnish us with your tax exemption certificate

Please list the suppliers you have credit experience with:

Supplier
1 _____ Phone _____ Fax _____

Supplier
2 _____ Phone _____ Fax _____

Supplier
3 _____ Phone _____ Fax _____

I/We submit for Port Aggregates, Inc's consideration the above information to establish a credit account. If approved, I/We do agree to make payment of the amount of the current balance of the credit account to Port Aggregates, Inc. at its office or post dated within thirty (30) days of the date of the invoice. It is agreed that all charges not paid within that time shall bear interest at the rate of 1 ½% per month. I/We further agree, that if legal action is brought to collect payment on the credit account, that the venue of such legal action shall be in Jefferson Davis Parish, Louisiana. In the event this account is referred to an attorney for collection, there shall automatically be due all reasonable attorney's fees plus court cost and cost of collections.

Print or Type Name of Authorized Signature

Title

Authorized Signature

Subscribed and Sworn before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

AFFIX SEAL

**PORT AGGREGATES, INC.
314 N. MAIN STREET
JENNINGS, LA 70546
PHONE: 337-824-ROCK (7625)
FAX: 337-824-7777**

To expedite your Port Aggregates, Inc. credit request, please provide the most current and complete information available.

******ALL OWNERS, MEMBERS, SHAREHOLDERS AND PARTNERS MUST BE DISCLOSED ON THE APPLICATION PAGE AS WELL AS EACH ONE SIGNING A PERSONAL GUARANTY OF PAYMENT ALONG WITH PUTTING THEIR SOCIAL SECURITY NUMBER IN ORDER FOR PORT AGGREGATES, INC. TO RUN A PROPER CREDIT CHECK.******

*** Bank that you do business – address and loan officer. Enclosed you will find an authorization to your bank to release the information regarding your account for the purpose of establishing credit with our company. Please sign and return it along with the application.

*** Trade references – a phone number and fax number of which you have well-established credit.

*** If the business is less than 2 years old, what was the owners' previous business?

*** Sales tax status: If exempt, please enclose a completed tax certificate.

If you wish to fax the completed forms, please mail the original. Our fax number is 337-824-7777. Please send to Attention: Holly G. Durkes

Please call me if you have any questions. I can be reached at 337-824-7625. Thank you.

**Holly G. Durkes, Credit Manager
Port Aggregates, Inc.**

PORT AGGREGATES, INC.

Authorization for release of credit information

I, _____, hereby authorize
_____ to release information
Bank name
regarding account # _____ to Port Aggregates, Inc.
for the purpose of establishing credit.

Signature

Date

Account Name

Address

City

State

Zip Code