

New Enterprise Stone & Lime Co., Inc.

Application for Credit

	Initial Application		OR		Update	to Existing Acct #:	
Full Legal Business Name:			Tele	phone No.:		Fax No:	
Street Address:		Emai	l Address:			Cell Phone No.:	
City:	County:			State:		Zip Code:	
Check One: Corporation: Partnership:		Proprietorship Other:	:	<u> </u>			
If Incorporated Which State?: Are You Sales Tax Exempt?:	YesNo					Exemption is Received, Tax will be added.)	
Type of Business:		er of Years in B				dit Requested:	
	Ī	WNERS OR PRI			N		
Owners or Officers Name:	Title:		Telepho	one No.:		SS# or Federal EIN No.:	
Home Address:	City	<i>/</i> :		Sta	te:	Zip Code:	
Owners or Officers Name:	Title:	: 7		Telephone No.:		SS# or Federal EIN No.:	
Home Address:	City	<i>r</i> :		Sta	te:	Zip Code:	
	BANK INFORI	MATION - PLEA	SE INCLUD	E FINANCIA	L STATEMEN	IT-IF YOU ARE REQUESTING \$100K+	
Bank Name:		Contact Pers	on:	Т	elephone No	0.:	
Street Address:	City:	City:			Zip Code:		
Savings Account Name & No.:	Checking Accou	Checking Account Name & No.:			Business Account Name & No.:		
nd this guarantee is a continuing g is/her representatives, executors, uarantee, they shall be jointly and ny change in organization, corpora	uarantee of any and estates, administrato severely liable. It is t ate setup or partnersl	ed personally g all debts now e ors, successors, further agreed hip change unle	existing or l and assigr that this a less such ch	payment of nereafter ind nees. In the oplicant and ange is mad	curred. This event there guarantees e by way of	debts incurred by the Customer hereund guarantee shall bind the undersigned a shall be more than one debtor to this shall continue its liability notwithstandin new and approved credit application. The no way negates my personal guarantee	
Print:		_ Date:			_		
Signature:					Date	e of Birth:	
Print:		Date:			-		
Signature:		SSN:			Date of Birth:		

		ACCOUN	ITING			
Who should be contacted reg	garding payment on th	is account?:		Title:		
Phone No.: Email Address:						
How do you wish to receive a	all invoices and statem	ents?: Ema	il or 🗌 l	J.S. Mail Please only choose 1		
Please provide an Email Addro	ess if different than the	e account contact:				
	TRADE CREDIT REF	ERENCES - LIST THREE-N	//ANDATORY T	TO INCLUDE EMAIL OR FAX		
#1 Business Name:		Account No.:		Contact Person:		
Street Address:		Telephone No.:		Fax No.:		
City:	State:	Zip Code:	Email A	ddress:		
#2 Business Name:		Account No.:		Contact Person:		
Street Address:		Telephone No.:		Fax No.:		
City:	State:	Zip Code:	Email A	ddress:		
#3 Business Name:		Account No.:	I	Contact Person:		
Street Address:		Telephone No.:		Fax No.:		
City:	State:	Zip Code:	Email A	ddress:		
ercent per month (eighteen per e account in the hands of an a	ercent per annum) on attorney or agency for financial documents, t	all invoices which are po- collection, the Undersig	ast due at the gned agrees to	yment are Net 30 Days with a Delinquency Fee of 1.5 end of each month. If it should become necessary to place pay all costs and fees as provided for by law. The straightful of the straight		
rease sign recepting i	<u>cr</u>					
				Date:		
Print Name:						
Signed:		Title:		Date:		
Print Name:						
For Office use Only: Date of Receipt:	_					
Credit Refused:	Credit Approved:	Account No.: _		<u> </u>		
Signature:						