

PO Box 297 Bechtelsville, Pa 19505

Phone: 610-367-2011

Phone: (Acct Dept): 610-845-7260

Fax: 610-367-8613

Fax (Acct Dept): 484-229-0522



Credit Application

*** Please Allow 5-7 Business Days for Processing*

*** Faxed copies of the credit application will be accepted in order to begin processing, but the original copy **must** be mailed to the above address before final approval of credit.*

Date _____

Legal Name of Individual, Corporation, Partnership or Proprietorship: _____ EIN/TIN #: _____

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Business Phone _____ Fax Number _____ Nature of Business _____

URL Address _____

Bonding Company Name and Address _____

Type of Business: _____ Partnership _____ Individual Proprietorship _____ Corporation – State Inc in _____ Date Inc _____

Sales Tax Exempt: No _____ Yes _____ If yes, tax exempt #: _____ (exemption form **must** be enclosed)

Principals:	Name	Home Address	Home Phone	Position
A)	_____	_____	_____	_____
B)	_____	_____	_____	_____

Contacts:	Name	Phone Number	E- mail Address	Title
Sales	_____	_____	_____	_____
Accts Payable	_____	_____	_____	_____

Credit Reference – Bank

Name _____ Phone # _____ Fax # _____
Account # _____ Street Address _____ City _____ State _____ Zip _____

Credit Reference – Suppliers (If your company deals with any quarries or ready mix companies please list those references first.)

- Supplier: Name _____ Phone # _____ Fax # _____
Type of Business _____ Account # _____ Contact _____
Street Address _____ City _____ State _____ Zip _____
- Supplier: Name _____ Phone # _____ Fax # _____
Type of Business _____ Account # _____ Contact _____
Street Address _____ City _____ State _____ Zip _____

3) Supplier: Name _____ Phone # _____ Fax # _____
Type of Business _____ Account # _____ Contact _____
Street Address _____ City _____ State _____ Zip _____

I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with your credit terms as stated on the invoice. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency. I/We further agree to pay all collection charges, including but not limited to attorney's fees [the minimum attorney fee charge shall be 15% of the outstanding balance (including interest owed) in the event of default, if the account is placed with an attorney or collection agency for collection. All past due invoices will be subject to 1½ % service charge per month or 19.5 % per year.

Name (please print) _____ Signature _____ Date _____

Name (please print) _____ Signature _____ Date _____

(Note: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)