

WILLETS POINT ASPHALT PLANT

Main Office 127-50 Northern Blvd. Flushing, NY 11368
Office (718) 446-7000 Fax (718) 458-5199

CREDIT APPLICATION

Name of Firm or Individual _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Tax ID Number _____

Email Address: _____

ARE YOU OR YOUR FIRM TAX EXEMPT? (Circle One) Yes* No

*IF YOU ANSWERED YES, IT IS **NECESSARY** THAT YOU FAX A COPY OF YOUR TAX EXEMPT CERTIFICATE
(FOLLOWED BY AN ORIGINAL) ALONG WITH YOUR COMPLETED CREDIT APPLICATION.

CIRCLE ONE: Corporation Partnership Individual

President _____
Name _____ Address _____ Phone # _____ Fax# _____

Vice President _____
Name _____ Address _____ Phone# _____ Fax# _____

Treasurer _____
Name _____ Address _____ Phone# _____ Fax# _____

Secretary _____
Name _____ Address _____ Phone# _____ Fax# _____

CREDIT TERMS

1. Payment terms are Net 30 days. Past Due balances will be assessed a 1.5% service charge per month.
2. Should it become necessary to effect collections, I/We agree to bear all costs of collection. This includes court costs and attorney fees.
3. I/We authorize you to contact all credit reporting agencies, banks, financial institutions, creditors and trade references in order to verify our credit and standing with them.
4. I/We hereby guarantee payment of any indebtedness, personally, individually and collectively.
5. I/We, the undersigned guarantor(s), recognize that his, her individual credit history may be a necessary factor in evaluating this personal guarantee, and hereby consent to and authorize the use of a credit report, from time to time as may be needed.
6. I/We certify that all the information provided on this form is accurate and correct.

The undersigned understand and agree to the terms of this agreement. (All principals should sign)

Print Name _____ Title _____
Signature _____ Date: _____

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TRADE REFERENCES

PLEASE FILL OUT COMPLETELY AND RETURN WITH YOUR APPLICATION. WE CANNOT PROCESS YOUR APPLICATION WITH OUT THE FOLLOWING INFORMATION.

Name	Address	Contact
Phone		Fax (Required)

Name	Address	Contact
Phone		Fax (Required)

Name	Address	Contact
Phone		Fax (Required)

Name	Address	Contact
Phone		Fax (Required)

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FINANCIAL INFORMATION

Bank Name

Branch Address

Account # (Required)

Contact Person

Branch Phone #

Branch Fax (Required)

SIGNATURE _____

TITLE _____