

# Business Credit Application



## NAME & ADDRESS

Name (Last, First):		Title:
Name of Business:		Tax ID Number:
Address:		
Phone:		

## COMPANY INFORMATION

Type of Business:		In Business Since:
Legal Form Under Which Business Operates:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
If Division/Subsidiary, Name of Parent Company:		In Business Since:
Name of Company Principal Responsible for Business Transactions:		Title:
Address:		
Phone:		

## BANK REFERENCES

Institution Name:		
Account Number:		
Contact Name:		
Address:		
Phone:		

## TRADE REFERENCES

Company Name:			
Contact Name:			
Address:			
Phone:			
Account Opened Since:			

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Terms are net 30 days of invoice date. Buyer agrees to pay all attorney fees and other expenses incurred by North American Aggregates LLC by reason of default by applicant together with an interest rate of 1 1/2% per month or highest permitted by law on the total amount past due. These credit terms will apply to all future transactions between the two parties.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please submit completed application to [ar@northamericanaggregates.com](mailto:ar@northamericanaggregates.com) or fax (732) 358-0609