

Concrete Services Corporation
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|---|--|--|--------|
| Name/Title | | Date business commenced | |
| Company name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other | Notes: |
| Phone Fax | | | |
| E-mail | | | |
| Registered company address City, State ZIP Code | | | |
| EIN: | | | |
| Would you like to receive invoices, correspondence via email? Please provide contact email. | | | |

BUSINESS AND CREDIT INFORMATION

| | | | |
|--------------|--|------------------|---|
| Bank Name | | Contact Name | |
| Bank Address | | City, State, Zip | |
| Phone | | Phone | |
| Fax | | Account number | |
| E-mail | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

BUSINESS/TRADE REFERENCES

| | | | |
|----------------------|--|--------|--|
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Concrete Services Corporation to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |



3000 Blair Road
P.O. Box 930
Fairview, PA 16415-0930
Phone: 814.474.4777
Fax: 814.474.2848

Thank you for opening a credit account at Concrete Services Corporation. Here are the terms and conditions of your Credit Account. Please review our Terms and Conditions and if you have any questions, please do not hesitate to contact us.

Terms and Conditions of Sale on Account

Invoices: Invoices will be sent bimonthly with your statement.

Payment Due Date: Payment is due within 30 days from the date of the invoice.

Statements: Statements detail all of the open account activity. End of the month statements reflect any finance charges.

Finance Charges: A one and a half percent finance charge per month (18% APR) will be added to any unpaid invoices after 31 days.

Default: Failure to pay in a timely manner will result in default and legal action in accordance with applicable laws will be taken. You will be responsible for any attorney's fees and court costs associated with collecting past due amounts.

I have read, understand and accept the Terms and Conditions of Sale on Account as written above. I further understand that in the event of default of Terms and Conditions of Sale on Account, the party at fault will be liable for any court costs and attorney's fees that may result from such default.

Accepted this ___ day of _____, 20__.

Authorized Agent and Title

On behalf of

Company Name: _____