

Powell Stone & Gravel Co., Inc.
R. A. Powell Construction Corp.

133 Leominster-Shirley Road
Lunenburg, MA 01462
Tel. (978) 537-8100-- Fax (978) 840-6404

APPLICATION FOR CREDIT

NAME OF FIRM: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

TEL. NO: _____ FAX NO: _____

DATE BUSINESS ESTABLISHED: _____ Amount of credit requesting \$ _____

CORPORATION: () PARTNERSHIP: () SOLE PROPRIETORSHIP: () TAX EXEMPT NO: _____

NAMES OF OFFICERS OR PARTNERS, TITLES, HOME ADDRESSES & TELEPHONE NUMBERS

1. _____

2. _____

ACCOUNTS PAYABLE NAME AND EMAIL ADDRESS _____

CHECK HERE if it is ok to email sale receipts and statements

CURRENT TRADE REFERENCES

NAME: _____

ADDRESS: _____

TEL. NO: _____ Fax or email _____ CONTACT: _____
(PLEASE PROVIDE)

NAME: _____

ADDRESS: _____

TEL. NO: _____ Fax or email _____ CONTACT: _____
(Please provide)

NAME: _____

ADDRESS: _____

TEL. NO: _____ Fax or email _____ CONTACT: _____
(Please provide)

I hereby allow the release of credit information from the above Companies to Powell Stone & Gravel Co., Inc.

Signature

Title

Date

Powell Stone & Gravel Co., Inc.
R. A. Powell Construction Corp.

133 Leominster-Shirley Road
Lunenburg MA 01462
Tel. (978) 537-8100 Fax (978) 840-6404

673 Spring Street
Winchendon MA 01475
Tel (978)297-5600 Fax (978)297-5577

CREDIT CARD (OPTIONAL-IF ACCOUNT REACHES 60 DAYS AMOUNT DUE WILL BE CHARGE)

NAME ON CARD: _____ CARD NUMBER: _____ EXP. DATE _____

SIGNATURE: _____

IN CONSIDERATION OF THE CREDIT EXTENDED TO THE ABOVE LISTED CORPORATION, THE UNDERSIGNED HEREBY GUARANTEES AND AGREES TO BE PERSONALLY LIABLE FOR ALL INDEBTEDNESS INCURRED BY THE CORPORATION.

NAME OF YOUR COMPANY

Signature of officer/owner

WITNESS

PRINT OR TYPE NAME

PRINT OR TYPE NAME

DATE

DATE

STATEMENT OF TERMS:

WE UNDERSTAND YOUR STANDARD TERMS ARE NET 30 DAYS AND WE AGREE TO PAY WITHIN THESE TERMS. IF SUCH PAYMENT IS NOT MADE, WE AGREE TO PAY FINANCE CHARGES OF 1½% MONTHLY (ANNUAL PERCENTAGE RATE OF 18%) UNTIL THE FULL AMOUNT IS PAID. IF COLLECTED BY AN ATTORNEY, BY SUITOR OTHERWISE WE AGREE TO PAY REASONABLE ATTORNEY FEES AND ALL OTHER COSTS OF COLLECTION.

SIGNATURE

WITNESS

PRINT OR TYPE NAME Date

PRINT OR TYPE NAME Date