DELTA SAND AND GRAVEL, INC.

P.O. Box 395 · Sunderland, MA 01375 · 413-665-4051 · fax 413-665-8323 · www.delta-sand.com

CREDIT APPLICATION	Office Use Only	ved: □ Yes □ No By: ner #: Date:
Date: Credit Requeste	ed: <u>\$</u>	EIN or SSN #:
Name/Company:		Contact:
Mailing Address: [P.O. Box is not sufficient]		□ Corporation □ Partnership □ Individual □ LLC □ Other Tax Status: □ Taxable □ Resale □ Exempt
Phone: Fax:	Email:	
Project Description:		
Location: GC:	Owner:	Contract #:
Job Bonded: Yes (MA) Yes (Federal) No	o Bond #:	Job Taxable:
Agent Name: Agent A	Adress:	Phone:
Material to be purchased:		
Name, address, and telephone number of Corporation officers	::	
President:		
Treasurer:		
Business references where credit now extended: (Missing info	ormation will delay processing.	nclude email addresses for all references.)
Bank:	Phone:	Email:
Address:	Contact:	
Vendor:	Phone:	Email:
Address:	Contact:	
Vendor:	Phone:	Email:
Address:	Contact:	
Vendor:	Phone:	Email:
Address:	Contact:	
Vendor:	Phone:	Email:
Address:	Contact:	
Delta Sand and Gravel, Inc. charges 1 1/2% per month (an Ar	nnual Rate of 18%) on amounts	30 days and older. If approved, terms are NET 30 days.

Authorized Signature	Printed Name	Title	Date
(If corporation, signed by President or Treasurer)			

PERSONAL GUARANTEE

In consideration of your extending credit, I/we personally, jointly, severally, and unconditionally guarantee payment when due of any and all present or future indebtedness owed to you.