

ACCOUNTING					
Who should be contacted regarding payment on this account?:					Title:
Phone No.:			Email Address:		
How do you wish to receive all invoices and statements?: <input type="checkbox"/> Email or <input type="checkbox"/> U.S. Mail Please only choose 1					
Please provide an Email Address if different than the account contact:					
TRADE CREDIT REFERENCES - LIST THREE-MANDATORY TO INCLUDE EMAIL OR FAX					
#1 Business Name:		Account No.:		Contact Person:	
Street Address:		Telephone No.:		Fax No.:	
City:	State:	Zip Code:	Email Address:		
#2 Business Name:		Account No.:		Contact Person:	
Street Address:		Telephone No.:		Fax No.:	
City:	State:	Zip Code:	Email Address:		
#3 Business Name:		Account No.:		Contact Person:	
Street Address:		Telephone No.:		Fax No.:	
City:	State:	Zip Code:	Email Address:		

IMPORTANT PLEASE READ

The undersigned hereby agrees to the following terms and conditions: New Enterprise Stone & Lime Co., Inc. is given permission to contact any person or business it deems necessary to process this application or for periodic updates if an account is opened. The businesses or person contacted are hereby given permission to release the requested information. Terms of payment are Net 30 Days with a Delinquency Fee of 1.5 percent per month (eighteen percent per annum) on all invoices which are past due at the end of each month. If it should become necessary to place the account in the hands of an attorney or agency for collection, the Undersigned agrees to pay all costs and fees as provided for by law.

ATTACHMENTS

Please include any references, financial documents, tax exempt certificates or company forms that may help us process your credit application.

Please Sign Accepting Terms:

Signed: _____ Title: _____

Date: _____

Print Name: _____

Signed: _____ Title: _____

Date: _____

Print Name: _____

For Office use Only:

Date of Receipt: _____

Credit Refused: _____ Credit Approved: _____ Account No.: _____

Signature: _____