

ENNSTONE INC.,
PO BOX 6090, FALMOUTH, VA 22403
OFFICE: 540-373-5839 FAX: 540-373-5874

CREDIT APPLICATION

DATE: _____

NAME OF INDIVIDUAL OR COMPANY: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: () _____ COMPANY OFFICERS. _____

PLEASE CIRCLE WHICH ONE APPLIES: CORPORATION INDIVIDUAL PARTNERSHIP

SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER: _____

DUN & BRADSTREET NUMBER IF APPLIES: _____

IF INDIVIDUAL-PLACE OF EMPLOYMENT: _____

TRADE REFERENCES OTHER THAN BANKS OR FINANCE INSTITUTIONS:

NAME: _____ PHONE: _____ FAX: _____ ACCT# _____

NAME: _____ PHONE: _____ FAX: _____ ACCT#: _____

NAME: _____ PHONE: _____ FAX: _____ ACCT#: _____

BANK REFERENCE: _____ ACCT#: _____ OPENED: _____

LENGTH OF TIME IN BUSINESS: _____

HAS PRESENT FIRM (OR PRINCIPAL) EVER DONE BUSINESS UNDER OTHER NAME?

IF YES, PLEASE LIST: _____

PERSON TO CONTACT FOR PAYMENT: _____

ESTIMATED MONTHLY AMOUNT OF CREDIT APPLYING FOR: \$ _____

SALESPERSON DEALING WITH: _____

PURCHASE FOR CONCRETE OR SAND & GRAVEL OR BOTH (CIRCLE ONE)

I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT AND ALLOW YOU TO CALL THE REFERENCES LISTED ABOVE TO VERIFY THIS INFORMATION. I ALSO AGREE TO PROMPT PAYMENT IN ACCORDANCE WITH YOUR TERMS (NET 25), AND ACKNOWLEDGE YOUR LATE CHARGE POLICY OF 1 ½% PER MONTH (18% PER YR.) ON UNPAID INVOICES. IN THE EVENT PAYMENT IS NOT MADE WHEN DUE, WE SHALL PAY ALL COSTS OF COLLECTION AND/OR REASONABLE ATTORNEY'S FEE. ENNSTONE INC., WILL NOT INVOICE A SECOND PARTY UNDER ANY CIRCUMSTANCES UNLESS THE SECOND PARTY HAS BEEN APPROVED AND CURRENT CREDIT HAS BEEN ESTABLISHED WITH ENNSTONE INC., THE PARTIES HERETO AGREES THAT A FACSIMILE COPY OF THIS DOCUMENT SHALL BE DEEMED AS ORIGINAL.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____