

Credit Application



To fill out the form, hand fill or save to your computer, open in Adobe, type in the fields, save and print.

Credit Limit Requested: \$ <input type="text"/>	Business Name: <input type="text"/>	Today's Date: <input type="text"/>	
Street Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Years at current address: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>	
Former Business Address (if at current address less than 5 years): <input type="text"/>			

Federal Tax ID#: <input type="text"/>	D/B/A Name (if applicable): <input type="text"/>	Type of Business: <input type="text"/>		
Date Established: <input type="text"/>	How long have you been in business?: <input type="text"/>			
Mortgage Holder/Landlord Phone: <input type="text"/>	Mortgage Holder/Landlord Street Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Does state, county or city require a license? <input type="radio"/> Yes <input type="radio"/> No	If yes, state license #: <input type="text"/>			

TYPE OF OWNERSHIP: (Sole Proprietor, Partnership, or Corporation):

<input type="text"/>		
1. Principle Name: <input type="text"/>	Title: <input type="text"/>	SS#: <input type="text"/>
2. Principle Name: <input type="text"/>	Title: <input type="text"/>	SS#: <input type="text"/>
3. Principle Name: <input type="text"/>	Title: <input type="text"/>	SS#: <input type="text"/>
4. Principle Name: <input type="text"/>	Title: <input type="text"/>	SS#: <input type="text"/>

TRADE REFERENCES:

1. Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
2. Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
3. Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
4. Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>

BANK REFERENCES:

1. Name:	Address:	Acct#:	Contact:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Name:	Address:	Acct#:	Contact:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Name:	Address:	Acct#:	Contact:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Name:	Address:	Acct#:	Contact:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPANY FINANCIAL DATA:

Number of Employees:	Estimated Annual Sales:	Sales Area:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has the firm or any of its principals ever been Bankrupt?
 Yes No

If Yes, Please explain:

My signature here permits release of bank information for credit reference purposes:

X _____

DISCLAIMER:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

If consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (NET BALANCE DUE IN 30 DAYS) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business:	<input type="text"/>	
Print Name of Signer:	Title:	Print Name of Second Signer (if required):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	Date:	Signature of Second Signer (if required):
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL GUARANTEE:

In consideration for Centre Concrete Company extending credit to the business identified above for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Centre Concrete Company by the business identified above whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Centre Concrete Company and the business. Centre Concrete Company shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Centre Concrete Company.

PERSONAL GUARANTEE (CONTINUED):

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Centre Concrete Company. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name:	SS#:	Name of Business on application:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	Home Phone:	
<input type="text"/>	<input type="text"/>	
Signature:	Date:	I Agree with these terms:
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

SUBMIT APPLICATION TO CENTRE CONCRETE:

Please fax or mail your completed application to the corporate office, or hand deliver to one of our plant locations listed below. **Please do not email this form. Email is never a safe way to submit sensitive information.**

Corporate Office
PO Box 859
State College, PA 16804
Phone: 814.355.4547
Fax: 814.355.4198

State College Plant
2280 E College Avenue
State College, PA 16801
Phone: 814.238.2471
Fax: 814.238.2914

Montoursville Plant
307 Fairfield Road
Montoursville, PA 17754
Phone: 570.433.3186
Fax: 570.433.4408

Lock Haven Plant
357 E Walnut Street
Lock Haven, PA 17745
Phone: 570.748.7747
Fax: 570.748.5777

Woodland Plant
1715 Shawville Highway
Woodland, PA 16681
Phone: 814.857.7690
Fax: 814.857.7692

Covington Plant
1500 N Williamson Road
Covington, PA 16917
Phone: 570.659.5888
Fax: 570.659.5003

Announcement & Enrollment Form



ELECTRONIC DELIVERY OF INVOICES

To provide you with better customer service, we now offer you the option of receiving invoices by email.

Emailing your invoices will have the following benefits:

- **Environmentally Correct** - Less paper is involved.
- **Enhanced Efficiency** - You receive the invoices directly into your email system. This will eliminate delays and reduce the risk of being misplaced.
- **Improved Confidentiality** - You no longer have to worry who could have seen your invoices while they were en-route
- **Simplified Approval Process** - When further approval is required, you can simply forward the email invoice to the appropriate person.

To register for electronic emailing of your invoices, simply email your request to crachau@centreconcrete.com or fax the completed form to 814-355-4198.

If you have any questions or need additional information, please contact Connie Rachau at 814-355-4547 or by email at crachau@centreconcrete.com.

CUSTOMER INFORMATION - Please Print or Type:

Customer Name:

Email Address:

Contact Name:

Contact Phone:

Signature:

X _____