



**New Enterprise
Stone & Lime Co., Inc.**

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3580 Division Highway, East Earl, PA 17519

email: ddombach@martinlimestone.com

Credit Office (717) 354-1326 Credit Fax (888) 428-7480

Application for Credit

Business Name:		Telephone No.:		Fax:
Street Address:		Email Address:		Cell Phone No.:
City:	County:	State:	Zip Code:	
Check One:	Corporation: <input type="checkbox"/>	Proprietorship: <input type="checkbox"/>		
	Partnership: <input type="checkbox"/>	Other: <input type="checkbox"/>		
If Incorporated What State?: _____ (If Yes, Enclose Tax Exemption Certificate. If No Exemption is Received, Tax will be added.)				
Are You Sales Tax Exempt?: <input type="checkbox"/> No <input type="checkbox"/> Yes _____				
Type of Business:	Number of Years in Business:		Amount of Credit Requested:	
OWNERS OR PRINCIPALS INFORMATION				
Owners or Officers Name:	Title:	Telephone No.:	SS# or Federal EIN No.:	
Street Address:	City:	State:	Zip Code:	
Owners or Officers Name:	Title:	Telephone No.:	SS# or Federal EIN No.:	
Street Address:	City:	State:	Zip Code:	
BANK INFORMATION - PLEASE INCLUDE FINANCIAL STATEMENT				
Bank Name:	Contact Person:		Telephone No.:	
Street Address:	City:	State:	Zip Code:	
Savings Account Name & No.:	Checking Account Name & No.:		Business Account Name & No.:	

ADDENDUM

In order to induce the extension of credit, the undersigned personally guarantees payment of any and all debts incurred by the Customer hereunder and this guarantee is a continuing guarantee of any and all debts now existing or hereafter incurred. This guarantee shall bind the undersigned and his/her representatives, executors, estates, administrators, successors and assignees. In the event there shall be more than one debtor to this guarantee, they shall be jointly and severally liable. It is further agreed that this applicant and guarantee shall continue its liability notwithstanding any change in organization, corporate setup or partnership change unless such change is made by way of new and approved credit application. The use of corporate title, if any, as a part of my signature, is only to identify my position in the company and in no way negates my personal guarantee.

Print: _____ Date: _____ Date of Birth: _____
 Signature: _____ SSN: _____
 Print: _____ Date: _____
 Signature: _____ SSN: _____ Date of Birth: _____

ACCOUNTING			
Who should be contacted regarding payment on this account?:			Title:
Phone No.:		E-mail Address:	
Does the individual named above have authority to release payments and draft checks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who authorizes the payment of invoices?			Title:
Phone No.:		E-mail Address:	
TRADE CREDIT REFERENCES - LIST THREE			
#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: Martin Limestone, 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.

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.: _____

Salesperson Assigned to Account: _____