



MARTIN LIMESTONE, INC.

SUBSIDIARY OF NEW ENTERPRISE STONE & LIME CO., INC.

QUARRY DIVISION • NEW HOLLAND CONCRETE • BURKHOLDER PAVING • CONSTRUCTION SUPPLY CENTERS

PO BOX 550 • BLUE BALL, PA 17506

CREDIT OFFICE (717) 354-1307 • CREDIT FAX (888) 428-7480



Office Use Only
Salesman # _____
Account # _____

CREDIT APPLICATION

(Please complete ALL information on BOTH sides)

DATE: _____

NAME: _____

STREET Address: _____

Street or Road City State/Zip

BILLING Address: _____

(If different than above) PO Box, Etc. City State/Zip

PHONE: _____ FAX: _____ CELL: _____

DATE OF BUSINESS STARTED: _____ E-MAIL: _____

TYPE OF BUSINESS: Proprietorship or Homeowner Partnership* Corporation* LLC*

OPERATING AS: General Contractor Concrete Contractor Masonry Contractor Dealer
 Paving Contractor Farm Excavator Other _____

*OWNERS OR OFFICERS (Required only if you are a Partnership, Corporation or LLC):

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRADE REFERENCES: We must have 4 complete references. (Do not use COD Suppliers.) Please include fax numbers. The more accurate and thorough your information, the faster we can act upon this application.

1.) Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Account No.: _____

3.) Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Account No.: _____

2.) Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Account No.: _____

4.) Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Account No.: _____

BANK REFERENCE:

Bank Name: _____ Account No.: _____
Address: _____
City/State/Zip: _____

ARE YOU SALES TAX EXEMPT? Yes No (If you answered **YES**, a copy of your Tax Exemption Certificate **MUST** accompany this application.)

TERMS AND CONDITIONS

In consideration of **MARTIN LIMESTONE, INC.**, extending credit to the herein named applicant, it is hereby agreed that the terms of sale are **NET 30 DAYS FROM DATE OF INVOICE**, unless otherwise indicated on the invoice. These terms supersede all other credit terms regarding this account, either written or oral. I understand that these credit privileges may be withdrawn at any time without any further notice. Any applicable discounts will be shown on the individual invoice, and no other discounts will be allowed. Any billing discrepancies must be brought to the attention of **MARTIN LIMESTONE, INC.**, in writing, within sixty (60) days after the original invoice date. This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes **MARTIN LIMESTONE, INC.** to verify this information in order to determine applicant's qualifications for a credit account. The applicant further authorizes any Bank or lending institution with whom he/she is/has done business to release any and all information to the creditor which will assist the creditor in this credit decision. If any check, which is accepted as payment on this account, is returned unpaid for any reason, the applicant agrees to pay a fee of \$25.00 to cover the expense of reprocessing that payment. The applicant further authorizes service charges of **1½% PER MONTH (18% ANNUAL PERCENTAGE RATE)** on any balance not paid according to these credit terms. The applicant agrees that if the account is referred to an attorney, or any third party, for collection and/or legal action they will be charged all additional costs, including all fees and court costs. Any legal action taken will be under the jurisdiction and laws of the Commonwealth of Pennsylvania. It is my intention upon opening this account and signing this application that all invoices will be paid in full according to these credit terms. I, the undersigned, certify that the information given on this application is true and correct to the best of my/our knowledge at the time this application was signed. A facsimile or copy of this document and signature may be considered the same as if it were the original. By using this account, I agree to these Credit Terms and Conditions.

THE FOLLOWING STATEMENT DOES NOT APPLY IF THE APPLICANT IS A CORPORATION:

The undersigned individual/s who are principal/s of the credit applicant, recognize that their individual credit history may be a factor in the evaluation of this credit application, and hereby consent to and authorize the use of a consumer credit report, as needed, in the credit evaluation process of this credit grantor.

TYPE OF BUSINESS: (Check one)

- Proprietorship/Individual** (If married, both Husband AND wife's signatures and Social Security numbers.)
- Partnership** (Signature and Social Security numbers of ALL partners AND spouses are required.)
- Corporation** (Authorized Officer's signature only is required.)
- Limited Liability Corporation** (A copy of your "Letter of Organization" is required w/this application.)

_____ **Social Security #:** _____
APPLICANTS SIGNATURE

_____ **Social Security #:** _____
SPOUSE (or other co-applicant)

_____ **Social Security #:** _____
PARTNER

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM A PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHTS UNDER THE CONSUMER PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, WASHINGTON, D.C. 20580.

THIS APPLICATION MUST BE SIGNED.