

MAILING ADDRESS: P.O. BOX 702, FARMINGDALE, NJ 07727  
Precast Products – 732-938-4436; 1-800-501-9522 – FAX: 732-938-6069

**CREDIT APPLICATION & PURCHASE AGREEMENT**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ SALESMAN: \_\_\_\_\_

How long in Business: \_\_\_\_\_ Line of Credit: \_\_\_\_\_

STATUS: (Circle the one that is applicable) Proprietor Partnership Corporation

Names and addresses of (circle one) Owner, Partners, Officers (if officer, give title)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| 3. _____ | 4. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |

Registered Agent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Contracting: \_\_\_\_\_

LOCATION OF CURRENT JOBS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you the prime or sub-contractor: \_\_\_\_\_

If prime contractor, who is financing job \_\_\_\_\_

\_\_\_\_\_

If sub-contractor, who is your contract with \_\_\_\_\_

\_\_\_\_\_

Please list bank references:

Names, Address, Account Number: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list trade references: (Minimum three)

Name, Address, Telephone

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our terms of sale are Net due upon receipt. A 1½ % Service Charge per month will be added (18% per annum) to any account balance after 30 days.

Purchaser accepts all responsibility for damage to vehicle or property when delivery is requested off public roads. All collection fees and legal fees required to collect a delinquent account shall be the responsibility of purchaser. You may verify the above references to establish myour credit capacity.

I (we) agree to the above terms and do certify that all statements made herein are true, correct and complete to the best of my/our knowledge. I (we) also authorize each reference listed to release to GSP any information they possess regarding this applicant.

Signature – (Individual)

Signature – (Corporation or Partnership)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual

\_\_\_\_\_  
L.S. Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual (Spouse)

\_\_\_\_\_  
L.S. Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
L.S. Title

THE UNDERSIGNED HEREBY PERSONALLY GUARANTEES PAYMENT OF ALL OBLIGATIONS INCURRED UNDER THIS AGREEMENT

\_\_\_\_\_

\_\_\_\_\_