



BOWDOIN AGGREGATE SALES

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name		Date Business Commenced
Type of Business		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Office Phone/Cell/Fax		
E-mail		
Physical Company Address		
City, State, Zip Code		

BUSINESS AND CREDIT INFORMATION

Bank Name	Mailing Address
Bank Contact	City, State, Zip Code
How long at current address?	Primary Business Address
	City, State, Zip Code
Name of Controller	Phone
Name of Accounts Payable Clerk	Account Number
Credit Amount Requested	Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

RELEVANT BUSINESS/TRADE REFERENCES

Company Name	Contact Name
Address	Phone
City, State, Zip Code	Fax
Type of Business	E-mail
Company Name	Contact Name
Address	Phone
City, State, Zip Code	Fax
Type of Business	E-mail
Company Name	Contact Name
Address	Phone
City, State, Zip Code	Fax
Type of Business	E-mail

AGREEMENT

<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application you authorize <i>Bowdoin Aggregate Sales, Inc.</i> to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature	Signature
Print Name and Title	Print Name and Title
Date	Date