

Segalla Sand & Gravel, Inc.

112 Allyndale Road

North Canaan, CT 06018

860.824.4444 (o) 860.824.4446 (f) segallasandandgravel@gmail.com

www.segallasandandgravel.net

NEW ACCOUNT CREDIT APPLICATION

1. Company Name: _____

Address: _____

Main Phone: _____ Fax: _____

Email: _____

Contact/Title: _____

2. Company Officers:

President: _____

Finance Manager: _____

Authorized Purchaser: _____

Additional Authorized Purchaser(s): _____

4. Type of Business:

CORPORATION _____ LLC _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

5. FEIN # _____ **or Social Security #** _____

6. How long has the company been in business: _____

7. Credit amount requested: \$ _____

8. Taxed _____ **Tax Exempt** _____ **Resale Tax ID#** _____

If tax exempt, please attach resale tax form with application.

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Trade References:

1. Company: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

2. Company: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

3. Company: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Bank References:

1. Bank: _____ Business Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Account No. _____

2. Bank: _____ Business Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Account No. _____

I/We hereby authorize Segalla Sand & Gravel, Inc., to investigate all reference and credit sources listed above for the purposes of obtaining credit.

CREDIT TERMS: *All invoices due within 30 days of invoice date. Service charge of one and one half percent (1 ½ %) per month, or eighteen percent (18%) per annum or the highest legal rate, whichever is less may be assessed on delinquent invoices.*

A returned check fee of \$30.00 will be charged on each returned check.

Company Name: _____

Officer Name/Title: _____

Officer Signature: _____ **Date:** _____