

# Delaware Quarries, Inc. Credit Application

Attn: Accounts Receivable, 6603 Route 202, P.O. Box 778, New Hope, PA 18938  
Phone: 800-533-4954 Fax: 215-862-1685

Company Name: \_\_\_\_\_ Corporation: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Partnership: \_\_\_\_\_  
Address: \_\_\_\_\_ Proprietorship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Years At Present Location: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
Date of Incorporation/Establishment: \_\_\_\_\_

Officer's/Owner's Name:	Title:	Address:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____

In order to expedite processing, please provide accurate mailing address, including zip codes and account numbers where applicable. Allow 2-4 weeks for processing. Credit application cannot be processed without the proper signatures.

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### Trade References:

Name: _____	Phone: _____	Name: _____	Phone: _____
Address: _____		Address: _____	
Name: _____	Phone: _____	Name: _____	Phone: _____
Address: _____		Address: _____	
Name: _____	Phone: _____		
Address: _____			

**Payment Terms** - net 30 days from date of invoice. A service charge of 1 1/2% per month will accrue on all invoices over 30 days. Credit will be suspended when account balance has exceeded its credit limit or outstanding invoices are over 30 days. In the event that it becomes necessary for our company to file suit to enforce payment, we shall be entitled to attorney fees, court costs, and interest of 1 1/2% per month on all amounts due and payable. I certify all information on this form to be correct. I fully understand your payment terms and agree to the terms in consideration of receiving credit. Corporation offices herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm.

Signed: _____	Title: _____	SSN: _____	Date: _____
Signed: _____	Title: _____	SSN: _____	Date: _____

I, \_\_\_\_\_ guarantee to Delaware Quarries, Inc. the payment of the account \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_