



Shelby Crushed Stone, Inc.

10830 Blair Road
Medina, New York 14103
585.798.4501
fax 585.798.1451
www.shelbystone.com

CREDIT APPLICATION

Date: _____

Name of Company: _____ Street: _____

City: _____ State/Zip: _____ County: _____

Telephone: (____) ____ - _____ Mobile: (____) ____ - _____ Fax: (____) ____ - _____

Email: _____ Website: _____

Type of Business: _____ #Years in Business: _____

Sales Tax Exemption #: _____ Federal ID #: _____

(Please provide exempt form.)

Indicate One: Corporation Partnership Sole Proprietorship
 Individual Government LLC LLP
 Non Profit Organization

Anticipated Monthly Purchases: _____ Initial Order: _____

Type of Purchase Control System: _____ Purchase Order Only: _____

If other, please specify and list names of persons authorized: _____

NAMES OF OFFICERS/OWNERS:

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Social Security #: _____ Home Phone: (____) ____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation: _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Social Security #: _____ Home Phone: (____) ____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation: _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

Eagle Harbor Sand & Gravel, Inc.
4780 Eagle Harbor Road, Albion, New York 14411





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BANK REFERENCE:

BANK: _____ BRANCH: _____ CHECKING ACCT #: _____

CONTACT: _____ PHONE NUMBER: _____ LOAN #: _____

TRADE REFERENCES

(PLEASE PROVIDE AT LEAST ONE REFERENCE FROM AGGREGATE INDUSTRY):

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE PHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE PHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE PHONE/FAX NUMBER CONTACT PERSON

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary included but not limited to pulling consumer reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my credit worthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant to will be governed and settled under applicable principles of NY law, under jurisdiction of the State of NY Courts and that venue in any such action shall be in the County of Orleans.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past due invoices each month in the amount of 2.0% (annual rate 24.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of vendor. By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: _____ SIGNATURE: _____

SIGNED: _____ TITLE: _____
FULL COMPANY NAME

OFFICE USE ONLY:

DATE RECEIVED APPROVED BY: _____ DECLINED BY: _____

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