



Newport Sand & Gravel Co., Inc.
P.O. Box 1000 603 863-1000
Newport, NH 03773 fax 603 863-3660

Account Approval
Approved By: _____
Date Approved: _____
*Amount of Credit: _____

Credit Application and Agreement

Account Name (Applicant): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Would you like invoices e-mailed: yes no

Business Information: Sole Proprietorship Partnership LLC Corporation

Fed ID# or Soc. Sec. # _____ **Years in Business** _____ **Amount of Credit Requested:** _____

*Credit approved may vary from amount requested and may be increased or decreased without notification.

Owner(s)/Officer(s):

Name _____ Name _____

Home Address _____ Home Address _____

City/State/Zip _____ City/State/Zip _____

Home Telephone _____ Cell # _____ Home Telephone _____ Cell # _____

Social Security # _____ Social Security # _____

Date of Birth: _____ Date of Birth: _____

Have you ever had an open account with our company in the past? No Yes

If yes under what name _____

I hereby certify that all statements accompanying and contained in this application are true and made for the purpose of obtaining credit, and in consideration of Newport Sand & Gravel Co., Inc./Carroll Concrete selling to me or my agent (s) I agree to the following terms:

1. To pay the account in full by 30 days from date of invoice.
2. To pay service charges for late payment computed at an annual percentage rate of 18% (1 ½% per month)
3. If the account is placed for collection, I agree to pay all reasonable charges for collection including attorney's fees.
4. If a check needs to be represented by the bank due to unavailable funds, your account will be charged \$20.00 for each occurrence. If a check is returned for nonsufficient funds (NSF), your account will be charged \$40.00 for each occurrence.

The undersigned authorize any credit investigation needed for action on this credit application and hereby indemnify the above company from any liability resulting from their credit survey. It is also acknowledged and agreed that accounts receivable information may be reported to various consumer and commercial credit agencies.

Name _____ Signature _____ Title _____ Date _____

Name _____ Signature _____ Title _____ Date _____

Personal Guarantee

The undersigned guarantees fully, without reservation or offset, the payment of any sums due from the above noted "Applicant" in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice of default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



Bank References

Name _____ Telephone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Checking Account # _____ Savings Account # _____ Loan # _____

Name _____ Telephone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Checking Account # _____ Savings Account # _____ Loan # _____

Authorization for Bank to Release Information

You are hereby authorized and directed to release to Carroll Concrete Inc. all banking information requested relating to our Account No. _____, on this one-time basis only.

We would consider it a great courtesy if you would respond promptly to their inquiries. This shall be your good and sufficient authority for doing so.

Authorized Signer on Account

Print Name



Trade References (please list 3 minimum)

Company _____ Telephone # _____ Fax _____

Address _____ Email _____

City _____ State _____ Zip _____ Contact _____

Company _____ Telephone # _____ Fax# _____

Address _____ Email _____

City _____ State _____ Zip _____ Contact _____

Company _____ Telephone # _____ Fax# _____

Address _____ Email _____

City _____ State _____ Zip _____ Contact _____

Company _____ Telephone # _____ Fax# _____

Address _____ Email _____

City _____ State _____ Zip _____ Contact _____

Company _____ Telephone # _____ Fax# _____

Address _____ Email _____

City _____ State _____ Zip _____ Contact _____

Please check the products you will be purchasing:

Ready Mix Sand & Gravel Construction Supply Redi-Rock Nudura Salesman: _____

Initial Job Location _____