



3737 Nansemond Parkway | Suffolk, VA 23435

Phone: (757) 538-2761 | Fax: (757) 538-8342 | www.nansemondprecast.com

### CREDIT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at the above address? \_\_\_\_\_ Fed. ID or SS #: \_\_\_\_\_

Please Check one: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Date and State of Incorporation \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Credit References:

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone Fax

Address \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone Fax

Address \_\_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone Fax

Address \_\_\_\_\_

The above information is correct. I understand the terms are 2% 10, Net 30 days. After 30 days, account bears interest at 1 1/2% per month of unpaid balance. I agree to pay within these terms for all products ordered by me or my agent and waive my exemptions as to this account. I understand that if these terms are not met, Nansemond Pre-Cast Concrete Company, Inc., may withdraw credit privileges without notice. Should my account be in default and be referred to an attorney, I agree to pay reasonable attorney's fees and all reasonable costs of collection. I hereby authorize Nansemond Pre-Cast Concrete Company, Inc. to check my credit and further authorize any financial institution, or other credit agency to answer any questions about their credit experience with me. Purchaser agrees, if need arises, to join with manufacturer in executing appropriate documents to perfect said security interest.

This form executed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_ Title \_\_\_\_\_  
Printed Name

Home Address \_\_\_\_\_  
Number & Street City State Zip

IF PARTNERSHIP OR CORPORATION, NAME AND ADDRESS OF ALL PRINCIPALS:

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City State Zip

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City State Zip

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City State Zip

I hereby personally guarantee to Nansemond Pre-Cast Concrete Company, Inc., the prompt payment, when due, of every claim of \_\_\_\_\_

(Company Name)

which may hereafter arise in favor of Nansemond Pre-Cast Concrete Company, Inc., against \_\_\_\_\_ . This is a continuing guaranty and shall remain in force until revoked by me by written notice to Nansemond Pre-Cast Concrete Company, Inc., but such revocation shall be effective only as to claims of \_\_\_\_\_ which arise out of transactions

(Company Name)

entered into after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this instrument or extension of time or payment thereof, and shall not be affected by any surrender or release by Nansemond Pre-Cast Concrete Company, Inc. of any other security held by it for any claim hereby guaranteed.

In witness whereof I have signed and sealed this guaranty on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Personal Signature of Corporate Officer or Owner

Accounts Payable Contact Person: \_\_\_\_\_

Accounts Payable Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Nansemond Pre-Cast Concrete Company, Inc.  
3737 Nansemond Parkway  
Suffolk, VA 23435

Verification of Bank Checking Account

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Account Number

I hereby authorize release of the following information:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

In an application for credit with Nansemond Pre-Cast Concrete Company, Inc., the above named creditor has indicated he has a checking account with your institution. We appreciate your cooperation in furnishing us with the following, and any other pertinent information.

Date Account Opened: \_\_\_\_\_

Number of Overdrafts Since Opening Account: \_\_\_\_\_

Has account been satisfactory? \_\_\_\_\_

\_\_\_\_\_  
Remarks: \_\_\_\_\_

\_\_\_\_\_  
Bank Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title