





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	eZij	p Code		
How long at the above	address? F	Fed. ID or SS #:			
Please Check one:	Sole Proprietorship	Partnership	Corporation		
Date and State of Inco	rporation				
Name of Bank: Contact:					
Address:					
		Credit Referen	ces:		
1 Name		() Phone	() Fax		
Address 2.		()	( )		
Name		// Phone			
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 ½% 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

Printed Name

Home Ac	dress
---------	-------

Number & Street

City

Zip

State

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

Name		Title			
Home Address	City	State	Zip		
Name	,				
Home Address	City	State	Zip		
Name			2ip		
Home Address	City		7		
I hereby personally guarantee to Nanse	emond Pre-Cast				
payment, when due, of every claim of	lansemond Pre-	Cast Concrete	Company, Inc., against continuing guaranty and		
shall remain in force until revoked by m Company, Inc., but such revocatio	n shall be	effective only	as to claims of		
(Company Name) entered into after its receipt of such notice guaranteed by this instrument or extension any surrender or release by Nansemond Pr by it for any claim hereby guaranteed.	e. This obligation of time or paym	on shall cover the nent thereof, and	e renewal of any claims shall not be affected by		
In witness whereof I have signed	and sealed th	iis guaranty oi	n thisday of		
	Personal Signature of Corporate Officer or Owner				
Accounts Payable Contact Person:					
Accounts Payable Phone Number:					
Fox Number					

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

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

Verification of Bank Checking Account

Applicant

Address

City, State, & Zip

Account Number

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:\_\_\_\_\_

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

By:\_\_\_\_\_ Bank Official Signature and Title

I hereby authorize release of the above information:

Applicant Signature

Date