

Pawtucket Asphalt Corporation
25 Concord Street
Pawtucket, RI 02860
Phone 401-722-4488 Fax 401-312-0992

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number/ Social Security #
Address:			
City:	State:	ZIP:	Phone:

Company Information

Has any principal owner been involved in any type of bankruptcy? Yes or No (circle One)				
Type of Business:		In Business Since:		
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:			Amount of credit requested:	
			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

We, I agree to the following conditions:

1. ALL INVOICES WILL BE ACCORDING TO THE STATED TERMS
2. WE, I AGREE TO NOTIFY YOU IMMEDIATELY OF MY CHANGE OF OWNERSHIP
3. WE, I WILL PAY LATE PAYMENT FINANCE CHARGES WHICH ARE COMPUTED BY A PERIODIC RATE OF 1.5 PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% APPLIED TO UNPAID BALANCES OF 30 DAYS OR MORE PAST DUE AS OF THE BILLING DATE, AND REASONABLE ATTORNEY'S FEES IF IT IS REFERRED TO AN ATTORNEY FOR COLLECTION

Signature _____ Date _____

Type or print above signature and title _____