

PECKHAM INDUSTRIES, INC.
20 HAARLEM AVENUE, WHITE PLAINS, NY 10603
914-949-2000 / 914-949-2075 (fax)
Website: www.Peckham.com

CREDIT APPLICATION

- | | | |
|--|---|--|
| PECKHAM MATERIALS CORP. <input type="checkbox"/> | PUTNAM MATERIALS CORP. <input type="checkbox"/> | PECKHAM ROAD CORP. <input type="checkbox"/> |
| RECLAMATION, LLC <input type="checkbox"/> | PECKHAM ASPHALT RESALE CORP. <input type="checkbox"/> | BALLAST STAR CORP. <input type="checkbox"/> |
| WINGDALE MATERIALS, LLC <input type="checkbox"/> | WILLIAM E. DAILEY PRECAST, LLC <input type="checkbox"/> | WILLIAM E. DAILEY, INC. <input type="checkbox"/> |
| | BYRAM CONCRETE & SUPPLY, LLC <input type="checkbox"/> | |

Applicant Name _____ **Phone #** _____ **Fax #** _____

Address (Street and PO Box) _____

City _____ **County** _____ **State** _____ **Zip** _____

Office Headquarters (if different from above) _____

Type of Business (circle one) **Individual** **Sole Proprietorship** **Partnership** **Corporation** **LLC**

Year Business Organized: _____ **Which State:** _____ **Federal I.D. / S.S Number:** _____

Name & Title & Email Address of Officers or Owners: _____

BANK REFERENCE: **Name** **Acct. #** **Phone #** **Fax #**

TRADE REFERENCES: (Must Include Material Suppliers)

Purchase Order Required Yes _____ No _____ **If Yes, Verbal or Hard Copy? Credit Limit Requested:** _____

Applicant hereby authorizes PECKHAM INDUSTRIES, INC. and any investigative agency employed by such to investigate the references and statements herein listed. Signature below authorizes PECKHAM INDUSTRIES, INC. to investigate Applicant's credit and shall constitute permission to obtain release of Applicant's banking records and information.

FINANCIAL STATEMENTS: **ATTACHED** _____ **REFUSED** _____ **WILL MAIL** _____

AUTHORIZED SIGNATURE , TITLE & DATE: _____

Applicant hereby promises to pay PECKHAM INDUSTRIES, INC. for all past or future purchases of merchandise and the provision of services from it or any of its subsidiaries, plus finance charges up to a maximum of 1% per month on balances exceeding 15 days past due together with costs, disbursements and reasonable attorneys fees, if the account is turned over for collection. Each of the undersigned hereby unconditionally guarantees payment for all of the foregoing and acknowledge that the representations and guaranties in this application will be relied upon in extending credit, making sales and providing services on behalf of Applicant. Each of the undersigned further acknowledges that the use of corporate titles shall not limit the personal liability of the signatory and that each of the undersigned is jointly and severally liable hereunder.

Individual Guarantor – Signature & Date

Print Name

Social Security Number

Individual Guarantor – Signature & Date

Print Name

Social Security Number

FOR OFFICE USE ONLY:
APPROVED _____ **DENIED** _____ **DATE** _____