



CREDIT APPLICATION

Thank you for your interest in Construction Specialties. Please complete the following information in full. This information and credit results will be held in strict confidence.

BILLING INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ ☐ Subsidiary ☐ Branch ☐ Division of _____

Accounts Payable Contact: _____

Phone: _____ Ext: _____ ☐ Yes, we are tax exempt ☐ Attached is our tax exempt certificate

Fax: _____

Accounts Payable Email: _____

Standard Payment Terms are Net 30 Days

CS accepts: VISA, MASTERCARD, AMERICAN EXPRESS

Construction Specialties will charge tax unless a tax exemption certificate is provided

OWNERSHIP

☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Number of years in business: _____

Dun & Bradstreet #: _____

Email Address: _____

Name of Principle(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

BANK REFERENCES

Bank Name: _____

Address: _____

City, State, Zip: _____

Business Checking Account #: _____

Bank Name: _____

Address: _____

City, State, Zip: _____

Business Checking Account #: _____

TRADE REFERENCES

1. Business Name: _____

Account #: _____

Contact Name: _____

Phone: _____

Email: _____

2. Business Name: _____

Account #: _____

Contact Name: _____

Phone: _____

Email: _____

3. Business Name: _____

Account #: _____

Contact Name: _____

Phone: _____

Email: _____

4. Business Name: _____

Account #: _____

Contact Name: _____

Phone: _____

Email: _____

The signing of this application authorizes Construction Specialties to perform the necessary credit investigation on the above company or individuals. I authorize the above references to release information necessary to determine my/our creditworthiness. In the event the account is turned over to an attorney or collection agency, your company shall be responsible for all fees/costs incurred by Construction Specialties in collecting the balance due. Furthermore, I understand that any pending orders may not be shipped if my account is past due or is over the previously established credit limit. Should Construction Specialties grant credit, all decisions with respect to the extension or continuation shall be in the sole discretion of Construction Specialties, Inc. Notwithstanding, any provision in any agreement, the undersigned acknowledges that the extensions of credit may be changed or withdrawn at any time. Sellers terms and conditions will supersede any and all contracts and/or documents unless expressly agreed to in writing by all parties to the contract.

Authorized Signature: _____

(Officer or Owner)

Title: _____

Print Name: _____

(Applicant agrees that a facsimile or emailed copy of the signature shall be accepted as the original)

Date: _____