

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.

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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:	CS accepts: VISA, MASTERCARD, AMERICAN EXPRESS	
Accounts Payable Email:	Construction Specialties will charge tax unless a tax exemption certificate is provided	
OWNERSHIP		
Corporation Partnership Sole Proprietorship	Name of Principle(s):	
Number of years in business:	Address:	
Dun & Bradstreet #:	City, State, Zip:	
Email Address:	Phone: Cell Phone:	
BANK REFERENCES		
Bank Name:	Bank Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Business Checking Account #:	Business Checking Account #:	
TRADE REFERENCES		
1. Business Name:	2. Business Name:	
Account #:	Account #:	
Contact Name:	Contact Name:	
Phone:	Phone:	
Credit Fax:	Credit Fax:	
3. Business Name:	4. Business Name:	
Account #:	Account #:	
Contact Name:	Contact Name:	
Phone:	Phone:	
Credit Fax:	Credit Fax:	

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any provision in any agreement, the undersigned acknowledges that the extensions of credit may be changed or withdrawn at any time.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:	Ti	itle:
(Office	er or Owner)	
Print Name:	Da	ate:
(Applicant agrees that a facsimile or emailed copy of the signat	ure shall be accepted as the original)	