

NEW ENTERPRISE STONE & LIME CO, INC. GATEWAY TRADE CENTER, INC. – Port of Buffalo



North Region: 500 Como Park Blvd, Buffalo NY 14227 Corporate: 3912 Brumbaugh Road, New Enterprise PA 16664 Port: 1951 Hamburg Turnpike, Buffalo NY 14218

Phone: 716-826-7310

Application for Credit

	∐ In	itial Application		OR			Update	to Existing A	cct #:	
Full Legal Business Name:					Telephone No.:				Fax No:	
Street Address:				Email Address:				Cell Phone No.:		
City:		County:				State:		Zip Cod	de:	
	Corporation:		<u>_</u>							
If Incorporated Which Are You Sales Tax Exe		esNo	(If Yes	, Enclose	Tax Exe	mption C	ertificate. If No	Exemption is	Received, Tax will be added.)	
Type of Business:		Numbe	er of Years in	n Busines	ss:		Amount of Cre	dit Requested:		
		0\	WNERS OR F	PRINCIPA	ALS INF	ORMAT	ION			
Owners or Officers Na	s or Officers Name: Title:			Telephone No.:			SS# or	Federal EIN No.:		
Street Address:		City:		ı		S	itate:	Zip Coo	le:	
Owners or Officers Na	ame:	Title:		Те	Telephone No.:			SS# or	Federal EIN No.:	
itreet Address: City:					9	tate:	Zip Coo	de:		
		BANK INFORM	IATION - PL	EASE INC	CLUDE	INANC	AL STATEMEN	IT .		
Bank Name: Co			Contact Pe	Contact Person:			Telephone No.:			
Street Address:			City:				State:	Zip Cod	de:	
Savings Account Nam	ngs Account Name & No.: Checking Account Name & N			No.:	Business Acco			ount Name & No.:		
				ADDEND	DUM		<u>l</u>			
nd this guarantee is a of sher representatives uarantee, they shall be only change in organizat	continuing guara , executors, esta e jointly and seve ion, corporate s	antee of any and a stes, administrator erely liable. It is fo etup or partnersh	ed personall Il debts nov rs, successo urther agree ip change u	y guaran v existing rs, and a ed that th nless suc	ntees page or he assigned his apposed to the charman to the charma	reafter i es. In th licant an	ncurred. This e event there nd guarantee ade by way of	s guarantee s shall be mor shall continue new and app	ed by the Customer hereun hall bind the undersigned a e than one debtor to this e its liability notwithstandir proved credit application. The gates my personal guarantee	
			Date:							
ignature:			SSN:							
rint:			Date:				<u> </u>			
iignature:			SSN:			Date of Birth:				

		ACCOUN	TING					
Who should be contacted reg	garding payment on th	is account?:		Title:				
Phone No.:		Email Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
How do you wish to receive a	all invoices and statem	ents?: Ema	il or 🗌 l	U.S. Mail				
Please provide an Email Addr	ess if different than the	e account contact:						
		TRADE CREDIT REFERE	ENCES - LIST T	THREE				
#1 Business Name:	Account No.:		Contact Person:					
Street Address:	Telephone No.:		Fax No.:					
City:	State:	Zip Code:	Email A	address:				
2 Business Name:		Account No.:	•	Contact Person:				
Street Address:	Telephone No.:		Fax No.:					
City:	State:	Zip Code:	Email A	address:				
#3 Business Name:	3 Business Name:		<u> </u>	Contact Person:				
Street Address:	Telephone No.:		Fax No.:					
City:	State:	Zip Code:	Email A	dress:				
e businesses or person contains of payment are Net 30 Ethe end of each month. If it strees to pay all costs and fees	acted are hereby given Days with a Delinquend Should become necess as provided for by lav	permission to release the permission to release the percent pe	he requested r month (eigh in the hands	pplication or for periodic updates if an account is open information. Iteen percent per annum) on all invoices which are past of an attorney or agency for collection, the Undersignal of the update o				
Please Sign Accepting T	erms:							
Signed:	Title:		Date:					
Print Name:								
Signed:	Title:		Date:					
Print Name:								
For Office use Only: Date of Receipt:								
Credit Refused:	Credit Approved:	Account No.: _		<u> </u>				
Signature:								