

**R.J. VALENTE GRAVEL INC.  
CREDIT APPLICATION AND AGREEMENT  
1 MADISON ST SUITE 300  
TROY NY 12180  
PHONE-518-271-2200  
FAX-518-271-2205**

CREDIT LIMIT APPLIED FOR: \$ \_\_\_\_\_  
(DURATION OF JOB ACCOUNT \_\_\_\_\_ MONTHS)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: (     ) \_\_\_\_\_ --- \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

TYPE OF OWNERSHIP: CORP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

PRESIDENT OR OWNER: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

HOW LONG IN BUSINESS: \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

TRADE REFERNCES:  
(PLEASE LIST NAME,ADDRESS,PHONE AND FAX)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

PURCHASE ORDER REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

NYS SALES TAX NO: \_\_\_\_\_

I HEREBY MAKE APPLICATION FOR A CHARGE WITH R.J. VALENTE GRAVEL, INC. I UNDERSTAND THAT ALL DELIVERY AND/OR WORK REPORTS SIGNED BY A REPRESENTATIVE OF THE APPLICANT WILL BE CONSIDERED AS AN AGREEMENT OF THE DELIVERY AND/OR WORK PREFORMED, TO BE SETTLED AT THEIR OFFICE, 1 MADISON ST.SUITE 300 TROY NY 12180 NET 30 DAYS FROM INVOICE DATE. IN THE EVENT OF DELINQUENCY, DISBURSEMENTS NECESSARY TO AFFECT COLLECTION

APPLICANTS SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_