



# Recycled Aggregates, LLC

Please complete this application **in detail**, affix signature and the date in the space provided at the bottom, and mail to the attention of the Credit Manager. All information will be kept strictly confidential.

Business Trade Name \_\_\_\_\_  
Type of Business \_\_\_\_\_ Bank \_\_\_\_\_  
Street Address \_\_\_\_\_ Bank Telephone ( ) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Checking Acct. # \_\_\_\_\_  
Office Telephone ( ) \_\_\_\_\_ Loans \_\_\_\_\_  
Fax Telephone ( ) \_\_\_\_\_ Desired Line of Credit \$ \_\_\_\_\_  
Owner and Principal Stock Holder \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Parent Company \_\_\_\_\_ Federal I.D. # \_\_\_\_\_  
A. Corporation \_\_\_\_\_ Year Incorporated \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
State where incorporated or organized \_\_\_\_\_ Date \_\_\_\_\_  
Are you qualified to do business in Maryland? \_\_\_\_\_ Virginia \_\_\_\_\_ D.C. \_\_\_\_\_  
If you answered yes to any of the above, please give your business License Number for:  
Maryland \_\_\_\_\_ Virginia \_\_\_\_\_ D.C. \_\_\_\_\_  
B. If new business, amount of paid-in, beginning capital \_\_\_\_\_  
C. How long in business? \_\_\_\_\_ years. At this location? \_\_\_\_\_  
D. Are purchase orders required? \_\_\_\_\_  
E. Were any of the principals in business before? \_\_\_\_\_ If so, give name of business and reason for discontinuing \_\_\_\_\_  
F. Bonding agent used on jobs requiring bond \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## TRADE REFERENCES

1. Name _____	2. Name _____
Acct. # _____	Acct. # _____
Phone # _____	Phone # _____
Contact _____	Contact _____
3. Name _____	4. Name _____
Acct. # _____	Acct. # _____
Phone # _____	Phone # _____
Contact _____	Contact _____

\*\*\*\*\*APPLICANT UNDERSTANDS THAT PAYMENT IS DUE 10 DAYS FROM DATE OF INVOICE\*\*\*\*\*

Applicants signature below authorizes Recycled Aggregates, LLC to inquire about, obtain or investigate any information listed above pertaining to applicants credit worthiness and financial responsibility. If all or any part of this account should become overdue and placed in the hands of an attorney for collection, you will be required to pay attorney's fees of a reasonable amount allowed by law. This application for credit has been carefully read by the undersigned and is to the best of his/her knowledge complete and true. Applicant understands and agrees that the terms are net 10 days. If the account remains outstanding for more than 10 days, applicant agrees to pay a finance charge of 2% per month on any outstanding balance.

Company Name _____	DO NOT WRITE IN THIS SPACE / OFFICE USE ONLY
Authorized Signature _____	Approved By _____
Typed (Printed) Signature _____	Date _____
Title _____	D & B _____
Date _____	Limit _____

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.