

CREDIT APPLICATION

FAILURE TO FILL OUT THIS FORM IN ITS ENTIRETY MAY RESULT IN A DELAY IN OBTAINING YOUR MATERIALS Form may be faxed or emailed. When typing information in, make sure you save it to your desktop before emailing.

| BUSINESS CONTACT INFORMATION | | | | | |
|-------------------------------------|---------------------|--------------|-----------------------|--|--|
| Title: | | | | | |
| Company name: | | | | | |
| Phone: | Fax: | E-mail: | | | |
| Registered company address: | | | | | |
| City: | | State: | Zip Code: | | |
| Date business commenced: | | | | | |
| Sole proprietorship: | Partnership: | Corporation: | How Long in Business: | | |
| Employer Tax Identification Number: | | | | | |
| | BUSINESS AND CREDIT | INFORMATION | | | |
| Primary business address: | | | | | |
| City: | | State: | Zip Code: | | |
| How long at current address? | | | | | |
| Telephone: | Fax: | E-mail: | | | |
| Bank name: | | | | | |
| Bank address: | | Phone: | | | |
| City: | State: Zip Code: | | Zip Code: | | |
| Type of account: | Account number: | | | | |
| Savings | | | | | |
| Checking | | | | | |
| Other | | | | | |
| | BUSINESS/TRADE F | REFERENCES | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip Code: | | |
| Phone: | Fax: | E-mail: | | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip Code: | | |
| Phone: | Fax: | E-mail: | | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip Code: | | |
| Phone: | Fax: | E-mail: | I | | |
| Type of account: | | | | | |



| Company name: | | | | | |
|--|-------------------------------------|--|-------------------|--|--|
| Address: | | | | | |
| City: | | State: | Zip Code: | | |
| Phone: | Fax: | E-mail: | | | |
| Type of account: | 1 - 11 | | | | |
| - The second | AGRE | FMFNT | | | |
| AGREEMENT Has a tax lien or civil suit been filed against applicant or any of its owners, principals, partners, officers or directors within the past six years?Yes No If answer is yes, give name of plaintiff, date and place of suit, amount and disposition: | | | | | |
| Accounts Payable Contact Name: | | Title: | Telephone #: | | |
| Please provide billing ins | tructions on a separate page. Pleas | e provide a copy of a tax exemption certificat | e, if applicable. | | |
| | AUTHORIZATION / TE | RMS OF ACCEPTANCE | | | |
| Applicant authorizes Garden State Highway Products. Inc. to make whatever credit inquiries it deems necessary about this credit application or during review or collection of any credit extended in reliance on this application. Applicant further authorizes and instructs any person or credit-reporting agency to compile and furnish Garden State Highway Products, Inc. any information it may possess or obtain in response to such credit inquiries. Applicant represents and warrants that the information contained within this application is true and correct. Applicant agrees to submit his, her, or its most recent financial statement and a list of all creditors who hold liens or security interests in assets of the undersigned upon request. Applicant agrees to pay all invoices for all labor, material, or equipment supplied to the Applicant of the Applicant's representative upon receipt unless otherwise expressly agreed in writing. Applicant agrees to pay, upon demand, a late charge of 1.5% per month (A.P.R. 18%) for all invoiced amounts that have not been paid within thirty (30) days from the invoice date. Should Garden State Highway Products, Inc. refer any past-due balance to any attorney or collection agency for collection efforts, Applicant agrees to pay, upon demand, a collection fee equal to 33% of any sums due from Applicant together with any other fees, costs or expenses incurred to collect the past-due balance, including court costs. This document and all disputes shall be governed by the laws of the State of New Jersey. Applicant hat may arise. Applicant does hereby expressly and irrevocably waive any notice and/or hearing which may be required for prejudgment remedies under the statute of the State of New Jersey. Applicant hereby agrees that in the event any dispute, difference, or disagreement shall arise between Garden State Highway Products, Inc. shall have the option, in their sole and absolute discretion, to require any and all such dispute, difference, or disagreement to be settled by arbitration in Cumbe | | | | | |
| Owner Signature: | | Owner Signature: | | | |
| Print Name: | | Print Name: | | | |
| If Incorporated Signature of Officer Opening Account | t: | Title of Officer: | | | |
| Print Name of Officer: | | | | | |
| PERSONAL GUARANTEE OF PAYMENT | | | | | |
| Applicant In consideration of the extension of credit to the above Applicant, the Guarantor(s) hereby warrants and unconditionally guarantees to Garden State Highway Products, Inc. the full and prompt payment when due of all indebtedness, obligations, and liabilities of customer to Garden State Highway Products, Inc. as expressed above, including late charges if applicable thereto, now existing or hereafter created or arising, even if such indebtedness is in excess of the applied for or established credit line, and including the agreed upon collection fees paid or incurred by Garden State Highway Products, Inc. in endeavoring to collect such indebtedness or part thereof or in enforcing this guaranty. The incorporation, merger, reorganization or sale of the customer's business shall not operate as a termination of this Guaranty, and the Guaranty shall continue as to credit extended such other entity. Guarantor hereby agrees that in the event any dispute, difference, or disagreement shall arise upon or in respect of this Guarantee, and/or the meaning and construction hereof. Garden State Highway Products, Inc. shall have the option, in their sole and absolute discretion, to require any and all such dispute, difference or disagreement to be settled by arbitration in Cumberland County New Jersey in accordance with the commercial rules of the American Arbitration Association, and judgment upon the award rendered may be entered in any court having jurisdiction thereof. The parties shall share the mediator's fee and any filing fees equally. This Agreement shall be subject to and interpreted under the Federal Arbitration Act. This quarantee shall be enforceable before or after proceeding against the Applicant, or simultaneously with any action against the Applicant. Applicant Signature: Print Name: | | | | | |
| Witness: | | Applicant Signature: Print Name: | | | |



THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY, NEGATES MY PERSONAL GUARANTEE

The undersigned hereby consent(s) to Garden State Highway Products, Inc. use of a non-business consumer credit report on the undersigned to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) about the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Garden State Highway Products, Inc. to use a consumer credit report on the undersigned from time to time for the extension or continuation of the business credit represented by the credit application. The undersigned as an individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

| Name: | Signature: | | | | |
|---|---------------------|---------------------------|--|--|--|
| Name: | Signature: | | | | |
| PROJECT INFORMATION | | | | | |
| Customer Name: | Telephone: | | | | |
| Customer Address: | | | | | |
| PRO. | JECT | | | | |
| Name: | Street Address: | | | | |
| County: | City/State/Zip: | | | | |
| State Sales Tax Exemption No: | Project Start Date: | Expected Completion Date: | | | |
| PROJEC | T OWNER | | | | |
| Company Name: | Phone: | | | | |
| Contact Name: | Title: | | | | |
| Owner Address: | | | | | |
| GENERAL CONTRACTOR | | | | | |
| Company Name: | Phone: | | | | |
| Contact Name: | Title: | | | | |
| Contractor Address: | | | | | |
| Is there a "No-Lien Agreement" in effect on this project? | | | | | |
| SUB-CONTRACTOR | | | | | |
| Company Name: | Phone: | | | | |
| Contact Name: | Title: | | | | |
| Sub-Contractor Address: | | | | | |
| PAYMENT BOND | | | | | |
| Surety: | Contract No: | | | | |
| Agency Name: | Phone: | | | | |
| Contact Name: | Title: | | | | |
| PERSONAL GUARANTEE OF PAYMENT | | | | | |
| Address: | | | | | |
| SCOPE OF CONTRACT | | | | | |
| Description of Materials Required: | | | | | |
| Amount of Materials Required: | | | | | |
| Prepared By: | Date: | | | | |
| Phone: | Fax: | | | | |