CREDIT APPLICATION



DALRYMPLE Dalrymple Gravel & Contracting Co., Inc. 2105 S. Broadway

Pine City, NY 14871

(607) 737-6200 Phone: (607) 737-1056 Fax: Email: credit@dalgravel.com

Company Name			Telephone	
Mailing Address			Email Address	
Street Address			Type of Business	
City, State, Zip			Check One:OwnerPar	rtnershipCorporationGovernment Agency
Credit Line Requested			Years in Business	
Federal ID Number		ocial Security Number	er	Non Taxable
Attach Tax Exempt Certi If Individual Proprietor, ple		tnership or Corporat	ion, please list names and address of	officers or partners:
Name			Name	
Title			Title	
Social Security #			Social Security #	
HomeAddress			Home Address	
Is this credit application for a	specific job?No	Yes	Owner of Job	Is Job BondedNoYes
Name of Bonding Company		Address		
1 /	Contact			Bond #
BANK REFERENCE:	Contact	t i cison	BUSINESS REFERENCE	
Name			Name	
Checking #	Loan #		Address	
Address			City, State, Zip	
City, State, Zip			Telephone	Fax
Telephone			Email Required	
Person to Contact	TC.			
			N.	
			Address City, State	Zip
••	Fax			Fax
_			-	
			Eman-Required	
 A A S It A Ir 	any account 30 days or older will all 60 day accounts will be DENI hould account be placed with atta is agreed that a \$25.00 fee will be applicant authorizes Dalrymple G	I be assessed service of IED CREDIT PRIVI corney or agency for combe charged on all returns and the Contracting of the Cravel & Contracting Cravel & Contracting C	Co., Inc. to contact references listed to o., Inc. extending open account credit,	fective annual rate of 18%. acluding all service charges.
Guarantor			Spouse	
Print Name			Print Name	
Title			Title	
Date			Date	