



CRUSHCRETE **INC.**
 Concrete & Asphalt Shingle Recycling Center
 1965 Silvex Rd. • Bethlehem, Pa 18015
 610-865-1898 or 610-865-2106

Please Fax to # 610-861-0399

Name of Business _____

Physical Address _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone: (____) ____ - _____ Type of Business _____ Date Started _____

FAX: (____) ____ - _____

Corporation Partnership Proprietorship Corporation EI#: _____

Number of Employees: _____ Individual Social Security# _____

Name and complete home address of Owner or President, if a corporation:

_____ Phone (____) ____ - _____

Business Building: Own _____ Lease _____

Name of Bank _____ Account Number _____

Address _____ City _____ State & Zip _____

References: (Give only the names of those you buy from on an open Account) (Must fill out all four)

Name	Address	City	State & Zip	Phone	Fax
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Amount of Credit Desired Monthly \$ _____

Should you approve this Application, I (we) agree to pay for all goods purchased within credit terms of thirty (30) days net. **CRUSHCRETE, INC.** is authorized to contact references or banks listed above. It is understood that any information obtained will be solely for the basis of granting credit.

- This Agreement and all credit provided hereunder is governed by Pennsylvania law, and the parties hereby submit to the exclusive jurisdiction and venue of the applicable courts of Northampton County, Pennsylvania, with respect to any suits brought pursuant to this Agreement or the provision of goods, merchandise or services provided by the Company to Purchaser.

Date _____ **Signed** _____

Print Name: _____ **Title** _____