

INTERSTATE ASPHALT PRODUCTS  
1201 N. BLACK HORSE PIKE  
RUNNEMEDE, NJ  
PHONE: 856-931-1515 FAX: 856-931-5160  
donna@Interstateasphaltproducts.com

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## CREDIT APPLICATION

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### GENERAL INFORMATION

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Date \_\_\_\_\_ Information Given by \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date Established \_\_\_\_\_

Individually Owned \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Annual Sales \_\_\_\_\_

State & Year of Incorporation \_\_\_\_\_

If Partnership or Sole Owner: SS# \_\_\_\_\_ Fed Tax ID# \_\_\_\_\_

Are you taxable? Yes \_\_\_ No \_\_\_

If no, please send resale certificate. Nature of Business \_\_\_\_\_

Is this company a branch or division of another company? Yes \_\_\_ No \_\_\_

If yes, Name & Address \_\_\_\_\_  
\_\_\_\_\_

Are purchase orders required? Yes \_\_\_ No \_\_\_

Purchasing Contact \_\_\_\_\_ Accts Payable Contact \_\_\_\_\_

Has any owner or officer been involved in a bankruptcy or a forced liquidation? Yes \_\_\_ No \_\_\_

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### BONDING INFORMATION

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Name \_\_\_\_\_ Agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Bonding Capacity \_\_\_\_\_

Surety \_\_\_\_\_

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**TRADE REFERENCES (Suppliers Only)**

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Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Phone/ Fax \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone/ Fax \_\_\_\_\_

Phone / Fax \_\_\_\_\_

Monthly Credit Required:

 Under \$2,500    \$2,500    \$5,000    \$10,000    Over \$10,000

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**Service Charge and Default:**

A service charge of 2% per month will be made on bills remaining unpaid after the 30 day net period, equal to an annual rate of 24%. An account is in default if any portion remains unpaid for 90 days. If the account is placed in the hands of an attorney for collections, the maximum allowable interest rate then permitted by law will be charged. INTERSTATE may also declare a default if it determines in good faith that it is necessary to initiate a lawsuit to protect INTERSTATE'S interest.

**NJ State Sales Tax**

If the applicant claims an exemption from NJ Sales Tax, a valid NJ Dept of Revenue Sales Tax Exemption Certificate must be provided to Interstate prior to the sale of goods or services. If Interstate accepts an Exemption Certificate in good faith and the NJ Dept of Revenue deems the sales transactions to be taxable, the applicant agrees to remit the required sales tax to Interstate immediately upon request.

**Costs of Collection and Attorney's Fees**

If this account is given to a collection agency, or attorney for collection, the applicant and/or guarantor shall pay a collection fee in the amount of 20% for the outstanding balance and any court costs in connection with the action. The undersign agrees that this amount is a reasonable fee.

The undersigned has read and agrees to the terms of this Credit Agreement as stated.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERSONAL GUARANTEE**

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For considerations of the extension of credit, I hereby personally guarantee payment of all charges made in connection with this account. I waive any requirement that Interstate notify me of default by the buyer. This shall be a continuing personal guarantee and shall not be affected by any modification to this agreement with or without my consent. I further agree to provide updated financial information if requested by Interstate.

Personal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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*Please sign this form authorizing your bank to release information and send directly to Interstate Asphalt Products.  
Customer to complete top two sections only.*

**BANK CREDIT REFERENCE FORM**

BANK: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTN: \_\_\_\_\_ FAX: \_\_\_\_\_

**DEAR BANK OFFICER:**

We are authorizing the bank to release information about our accounts outstanding, credit line and payment history to Interstate Asphalt Products to be used explicitly for the establishment of an account and credit line. This information will be kept in strictest of confidence.

Customer Signature: \_\_\_\_\_

Customer Print Name: \_\_\_\_\_

Customer Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

**Bank Representative to complete this section:**

The above customer is applying for a credit line with us and has given your bank as reference. Kindly provide us with the following information and fax this form back to us at (856) 931-5160. Please call us if you have any questions.

Date account opened: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Line of Credit (if any): \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Payment Habits: \_\_\_\_\_ NSF Checks: \_\_\_\_\_

How would you rate this customer?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_

**\*\*\*\* Bank Representative completing this inquiry:**

I certify to the best of my knowledge the above credit information to be true and factual under the penalty of law.

Date: \_\_\_\_\_ Print Name (Clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

*We assure you that this information will remain confidential. Your immediate reply will be greatly appreciated.*