

TRANSIT MIX CORP

60 Morgan Avenue Brooklyn, NY 11237 Tel: 718-386-8000 Fax: 718-386-8003

CREDIT APPLICATION

BUSINESS INFORMATION:

Legal Name of Business: _____

Billing Address: _____

Physical Address (if Different): _____

Phone: _____ Fax: _____ Cell: _____

A/P Contact and Email: _____ EIN# _____

() Corporation () Partnership () Individual Date Established _____

PRINCIPALS:

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Do you own the home? _____ Email: _____

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Do you own the home? _____ Email: _____

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Do you own the home? _____ Email _____

BANKING

Bank Name: _____ Account# _____

Address: _____

Officer: _____ Phone#: _____

TRADE REFERENCES: MUST BE SUPPLIERS

Name

Address

Phone

Fax

1. _____

2. _____

3. _____

AGREEMENT:

I agree to pay my account in full upon receipt of monthly statement. Any account not paid within terms will be considered overdue and a 1.5% finance charge (18% APR) will be added to said account. In order to induce you to sell merchandise the undersigned jointly and severally personally guaranteed the full amount and prompt payment including all finance charges, collection cost and attorney fees, which at any time may be incurred by said corporation or its representatives to you, and waive any presentment, demands, protest, and other notice regarding this guarantee of payment. I (we) give permission from the principles and/or owner for you to obtain corp/personal credit reports.

Print Name

Signature

Date

Title

Social Security #

TRANSIT MIX CORP

60 Morgan Avenue Brooklyn N.Y. 11237 Tel: 718-386-8000 Fax: 718-386-8003

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

To: _____

(Name of your Bank)

(Address)

(City, State, & Zip)

(Account #)

I, _____, have applied for open account credit with Transit Mix Corp. and have given your name as a reference. Therefore, this is my authorization for you to furnish them with the information they request concerning my financial dealings with your institution.

Signed: _____

Name

Address

City, State, Zip

Telephone

TRANSIT MIX CORP

60 Morgan Avenue Brooklyn, N.Y. 11239 Tel: 718-386-8000 Fax: 718 386-8003

This Agreement being made on this the _____ day of _____, 20____ by and between _____ of _____, hereinafter referred to as "undersigned" it is herewith agreed as follows.

In order to induce the supplier to sell services, supplies and products, and to extend credit to _____ hereinafter referred to as the "Customer", of Transit Mix Corp the undersigned (jointly and severally, if more than one person) a shareholder and/or owner and/or employee of the customer who will benefit from such sales and extension of credit hereby personally guarantees the payment when due and collection of all indebtedness which may at any time and from time to time be incurred by the customer, the supplier shall be entitled to look to the undersigned immediately for payment without prior demand or notice.

In case of default in the payment of any indebtedness or liability guaranteed hereby, there shall be added such indebtedness or liability, and the undersigned personally will pay, all expenses, costs, and attorneys fees incurred by supplier either in collecting or attempting to collect the same or any sums payable hereunder. Presentment, notice of dishonor, and protest are hereby waived. The undersigned hereby confesses judgment herein and authorizes entry thereof against the undersigned for the total indebtedness inclusive of any and all cost.

The liability of the undersigned pursuant to this guarantee shall remain in full force and effect until written notice of revocation or written notice of death of the undersigned shall have been actually received by the supplier, but such notice shall not affect the liability of the undersigned thereunder as to any and all obligations and indebtedness of the customer outstanding before the receipt of such notice and any renewals thereof. Nothing shall reduce, rescind or otherwise affect the liability of the undersigned or the liability of the heirs, executors administrators and assignees of the undersigned on this guarantee except the receipt of such written notice or the cancellation by the supplier.

The supplier need take no action against the customer before proceeding to enforce the terms of this Guarantee.

The undersigned further agrees that the provisions hereof shall inure to the benefit of the successors and assigns of the supplier to the same extent as if they had been named herein as parties entitled to the benefit hereof and the provisions hereof shall apply to and bind the heirs, administrators, successors and assigns of the undersigned.

Print Name

Signature Without Title

Print Name With Title

Signature With Title

Social Security Number

