

**NEWARK ASPHALT CORP.**

FOOT OF PASSAIC STREET • NEWARK, NEW JERSEY 07104

Office: 973-482-3503 • Fax: 973-268-3639

The following information is submitted as a basis for the extension of credit.

INDIVIDUAL OR COMPANY NAME \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_ FEDERAL ID \_\_\_\_\_  
 YEAR ESTABLISHED \_\_\_\_\_ STATE \_\_\_\_\_ We  
 are at this location since (date) \_\_\_\_\_ Type of  
 ownership:  Corporation  Partnership  Limited Partnership  Individual  
 Give name of predecessor, firm or corporation \_\_\_\_\_  
 Principal owners or stockholders and officers are:

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Principal's home phone number \_\_\_\_\_ Name \_\_\_\_\_  
 Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Financial Information:

NAME OF BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 ACCT. # \_\_\_\_\_ TEL. # \_\_\_\_\_  
 CONTACT \_\_\_\_\_ FAX # \_\_\_\_\_

Trade References:

Name _____	Address _____	Phone _____	Fax _____
Name _____	Address _____	Phone _____	Fax _____
Name _____	Address _____	Phone _____	Fax _____

Newark Asphalt Corp. may verify the above reference and any other information to determine credit capacity.

Guarantee and our current terms: Net 30 Days

A finance charge of 1-1/2 percent per month (18% per annum) will be applied to the net amount outstanding as of the 30<sup>th</sup> of each succeeding month after 60 days.

Newark Asphalt Corp. is hereby authorized to extend credit to the above named firm and the undersigned guarantees payment personally, individually and collectively. In the event of any default as a result of which Newark Asphalt Corp must retain counsel or bonded collection agency, costs will be added to the balance due.

(Please type)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_ Credit Limit \_\_\_\_\_

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NEWARK, NEW JERSEY 07104  
973-482-3503**

**Bank Release Form**

Please fill and sign the statement below, which will be sent or faxed to you bank. Your permission is required to access account information. This will speed up the processing of your credit application.

I, \_\_\_\_\_ give \_\_\_\_\_  
(Company Official) (Bank Name)  
permission to release account information to **Newark Asphalt Corp.** for the purpose of obtaining credit.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Account Number