



## Credit Application

Construction Specialties, Inc.  
6696 Route 405  
Muncy, PA 17756  
jbarton@c-sgroup.com  
ph: 570-546-4757  
fx: 908-849-3151

Thank you for your interest in Construction Specialties. Please complete the following information in full and fax to Jennifer Barton at 908-849-3151.  
This information and credit results will be held in strict confidence. If you need assistance please contact Jennifer Barton at 570-546-4757.

## BILLING ADDRESS

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
Accounts Payable Email \_\_\_\_\_  
Standard Payment Terms are Net 30 Days  
☐ SUBSIDIARY ☐ BRANCH ☐ DIVISION OF \_\_\_\_\_  
☐ YES, WE ARE TAX EXEMPT  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_  
☐ ATTACHED IS OUR TAX EXEMPT CERTIFICATE  
PHONE \_\_\_\_\_ EXT. \_\_\_\_\_  
WE ACCEPT VISA - MASTERCARD - AMERICAN EXPRESS  
FAX \_\_\_\_\_  
Construction Specialties will charge tax unless a tax exemption Certificate is provided.

## OWNERSHIP

☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP  
NAME OF PRINCIPLE(S) \_\_\_\_\_  
NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
DUN & BRADSTREET # \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## BANK REFERENCES

BANK \_\_\_\_\_ BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
BUSINESS CHECKING ACCOUNT NUMBER \_\_\_\_\_ BUSINESS CHECKING ACCOUNT NUMBER \_\_\_\_\_

## TRADE REFERENCES

1. BUSINESS NAME _____	2. BUSINESS NAME _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
CONTACT NAME _____	CONTACT NAME _____
TELEPHONE NUMBER _____	TELEPHONE NUMBER _____
CREDIT FAX NUMBER _____	CREDIT FAX NUMBER _____
3. BUSINESS NAME _____	4. BUSINESS NAME _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
CONTACT NAME _____	CONTACT NAME _____
TELEPHONE NUMBER _____	TELEPHONE NUMBER _____
CREDIT FAX NUMBER _____	CREDIT FAX NUMBER _____

The signing of this application authorizes Construction Specialties to perform the necessary credit investigation on the above company or individuals. I authorize the above references to release information necessary to determine my/our creditworthiness. In the event the account is turned over to an attorney or collection agency, your company shall be responsible for all fees/costs incurred by Construction Specialties in collecting the balance due. Furthermore, I understand that any pending orders may not be shipped if my account is past due or is over the previously established credit limit. Should Construction Specialties grant credit, all decisions with respect to the extension or continuation shall be in the sole discretion of Construction Specialties, Inc. Notwithstanding, any provision in any agreement, the undersigned acknowledges that the extensions of credit may be changed or withdrawn at any time. Sellers terms and conditions will supercede any and all contracts and/or documents unless expressly agreed to in writing by all parties to the contract.

Authorized Signature \_\_\_\_\_ (Officer or Owner) Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant agrees that a facsimile or emailed copy of the signature shall be accepted as the original)

To be completed by Construction Specialties Credit Dept:

Customer #: \_\_\_\_\_ Order #: \_\_\_\_\_ Quote # \_\_\_\_\_ Order Amount \$ \_\_\_\_\_