

L&L Redi Mix

1939 Route 206 Southampton, N.J. 08088

Phone: (609) 859 - 2271 www.LLREDIMIX.com Fax: (609) 859 - 1209

Full Business Name:						
Street Address:						
Mailing Address:						
City:	State:		Zip:			
Telephone #: ()	Fax #: ()					
Average Monthly Credit Line	Desired:					
Job/Project:						
<u>(</u>	Ownership (Check one a	and complete infor	mation)			
Corporation	_ State and Year Incorpor	rated				
Sole Proprietorship	Partnership					
Federal ID#	Corp. ID#					
Name and Title						
Social Security #/	//	_ Date of Birth	/	/		
Street Address						
City	State		_ Zip			
Telephone # ()						
Name and Title						
Social Security #/		_ Date of Birth	/	/		
Street Address						
City	State		Zip			
Telephone # ()						
Business Bank:						
Contact:	Account #					

City	State		Zip _			
Telephone & Contact	()					
Personal Bank (C	Complete if proprietorship or partnersh	ip)				
Bank	Branch					
Savings	Checking					
Name of Nearest Relativ	e Not Living With You:					
Telephone # (_)					
Trade References						
Name:	Telepho	one #	()		
Name:	Telepho	one #	()		
Name:	Telepho	one #	()		
Name:	Telepho	one #	()		
"periodic rate: of 1.5% per Service charges, which we	TERMS OF SAL end of the month following billing/30 er month on all balances 30 days past e agree are reasonable, become part of charges referred for collection will be ses.	Oday ne due wh	ich is an a tire indebt	annual percentage tedness and are pa	rate of 18% yable in full	
Date:	Signature:					
Date:	Signature:					
information from any other's and in consideration of L & account herein named in this for collection, collection cost	- GUARANTEE orize L & L Redi-Mix and/or their authorize sources deemed necessary, including Credit L Redi-Mix, Inc., extending credit for the agreement, the undersigned, individually/ ts and attorney's fees of 20% of unpaid batagreement until written notice of terminati	ed agent t Bureau sale of m and/or jo lances. T	Files to de laterials an ointly guara his authori	etermine creditworth d computed service antee full payment a ization and guarante	niness. For charges to the nd, if referred e is open and	
Date:	Date:					
Signature	Signatur	Signature				
Print Name	Print Na	Print Name				