Credit Application

To fill out the form, hand fill or save to your computer, open in Adobe, type in the fields, save and print.

CENTRE® CONCRETE

Credit Limit Requested:
$

Business Name:

Today's Date:

Street Address:

City:

State:

Zip:

Years at current address:

Phone:

Fax:

Former Business Address (if at current address less than 5 years):

Federal Tax ID#:

D/B/A Name (if applicable):

Type of Business:

Date Established:

How long have you been in business?:

Mortgage Holder/Landlord Phone:

Mortgage Holder/Landlord Street Address:

City:

State:

Zip:

Does state, county or city require a license?

◯ Yes ◯ No

If yes, state license #:

TYPE OF OWNERSHIP: (Sole Proprietor, Partnership, or Corporation):

1. Principle Name:

Title:

SS#:

2. Principle Name:

Title:

SS#:

3. Principle Name:

Title:

SS#:

4. Principle Name:

Title:

SS#:

TRADE REFERENCES:

1. Name:

Email:

Phone:

Fax:

2. Name:

Email:

Phone:

Fax:

3. Name:

Email:

Phone:

Fax:

4. Name:

Email:

Phone:

Fax:

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BANK REFERENCES:

1. Name:	Address:	Acct#:	Contact:
2. Name:	Address:	Acct#:	Contact:
3. Name:	Address:	Acct#:	Contact:
4. Name:	Address:	Acct#:	Contact:

COMPANY FINANCIAL DATA:

Number of Employees:

Estimated Annual Sales:

Sales Area:

Has the firm or any of its principals ever been Bankrupt?

◯ Yes ◯ No

If Yes, Please explain:

DISCLAIMER:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed. The undersigned also permits release of bank information for credit purposes.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (NET BALANCE DUE IN 30 DAYS) and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay all reasonable collection costs, including, but not limited to, attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business:

Print Name of Signer:

Title:

Print Name of Second Signer (if required):

Signature:

X _____

Date:

Signature of Second Signer (if required):

X _____

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PERSONAL GUARANTEE:

In consideration for Centre Concrete Company extending credit to the business identified above for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Centre Concrete Company by the business identified above whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Centre Concrete Company and the business. Centre Concrete Company shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Centre Concrete Company.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Centre Concrete Company. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name:

SS#:

Name of Business on Application:

Home Address:

Home Phone:

Signature:

X _____

Date:

I Agree with these terms:

◯ Yes ◯ No

SUBMIT APPLICATION TO CENTRE CONCRETE:

Please fax or mail your completed application to the corporate office, or deliver to one of our plant locations listed below.
When faxing, please fax to 814.355.4198.
Please do not email this form. Email is never a safe way to submit sensitive information.

Corporate Office
629 E Rolling Ridge Drive
Bellefonte, PA 16823
Phone: 814.355.4547

State College
2280 E College Ave
State College, PA 16801
Phone: 814.238.2471
Fax: 814.238.2914

State College West Plant
123 Hawbaker Industrial Dr.
State College, PA 16803
Phone: 814.699.8790

Covington Plant
1500 N Williamson Rd
Covington, PA 16917
Phone: 570.659.5888

Lock Haven Plant
357 E Walnut Street
Lock Haven, PA 17745
Phone: 570.748.7747

Montoursville Plant
307 Fairfield Road
Montoursville, PA 17754
Phone: 570.433.3186

New Columbia Plant
10546 River Road
New Columbia, PA 17856
Phone: 570.433.3186

Woodland Plant
1715 Shawville Hwy
Woodland, PA 16681
Phone: 814.857.7690

Announcement & Enrollment Form

ELECTRONIC DELIVERY OF INVOICES

To provide you with better customer service, we now offer you the option of receiving invoices by email.

Emailing your invoices will have the following benefits:

- **Enhanced Efficiency -** Invoices are received directly into your company's email, reducing costly delays and the danger of invoices being misplaced.
- **Improved Confidentiality** - Invoices are directly emailed to your accounting department and handled confidentially.
- **Simplified Approval Process** - Emailed invoices allow for flexibility when additional details or approvals are needed.

To register for electronic emailing of invoices, email your request to crachau@centreconcrete.com,or fax the completed form to 814.355.4198.

If you have any questions or need additional information, please contact Connie Rachau at 814.355.4547 or by email at crachau@centreconcrete.com.

CUSTOMER INFORMATION - Please Print or Type:

Customer Name:

Email Address:

Contact Name:

Contact Phone:

Signature:

X _____