CORONA READY MIX, INC. 50-25 97TH PLACE, CORONA, NY 11368 TEL: (718) 271-5940, FAX: (718) 271-3679

CREDIT APPLICTION FORM

PLEASE FILL IN ALL INFORMATION REQUESTED - FAILURE TO DO SO WILL HOLD UP PROCESSING

egal name of individual, corporation, par	tnership or	proprietorship					
Address			City	State	Zip		
Physical Address			City	State	Zip		
Business Phone:			Fax:				
rade Style:	# Years in Business:						
s Company: (check one) An individual	, A Partn	ership	or Corporation .				
Date Incorporated:	Corp	orate I.D. #					
f Tax Exempt. #		(Attach Ex	kempt Certificate).				
PRINCIPALS AND/OR OFFICERS							
Name1:			Title:				
Home address:							
Home address: Street			City	State	Zip		
Own or Rent Social Security	Social Security # Drivers License #						
Name2:			Title:				
Home address:Street							
				State	Zip		
Own or Rent Social Security	Social Security # Drivers License #						
PREVIOUS SUPPLIER (if any)							
Name:	Address:						
City:	State:	Zip:	Phone;	Fax:			
TRADE REFERENCE							
Name1:		Addre	9ss:				
Dity:	State:	Zip:	Phone:	Fax:			
Name2:		Addre	ess:				
City:	State:	Zip:	Phone:	Fax:			

Disclaimer: The customer accepts full responsibility to determine suitability of this product for the customer's particular use. Corona Ready Mix accepts no responsibility for any damages or problems caused by customer's failure to determine the quality of the product. In all cases, the Company's liability, if any, is limited to the cost of the product itself.

FINANCIAL INFORMATION							
Bank Name1:		Branch:	Branch:				
Address:		Acc#: _	_ Acc#:				
Contact:		Phone:	Phone:				
Bank Name2:		Branch	Branch:				
Address:		Acc#: _	_Acc#:				
Contact:		Phone:	Phone:				
BONDING COMPANY			7				
Name:Address:							
				Fax:			
MATERIAL DELIVERY AUTHOR							
The delivery was acce The delivery was acce The delivery ticket serv We are obligated to pa IMPORTANT, READ THE FOLLO In consideration of the extension This transaction and the ext York. The applicant hereby connection with this transact Any past due account balance percentage rate of 18%. If it becomes necessary to pl of the unpaid principal and it Any dispute, controversy or accordance with its Comment thereof. In consideration for the cred all current and future indebte	pted ges as our contract ay for the materials in WING TERMS CARE on of credit, applicant ension of credit shall be g agrees and consents to the ion. we will be subject to a fianc ace an account in the hand acreat as a collection fee in r claim arbitration Rules, and it extended to the above lise induces incurred by the corp	ry. If no such corn accordance with accordance with FULLY: It does hereby agreemed by, construed by	th out credit agreement. The to the following: If and enforced in all respects we of the State of New York to the remonth on balance more than they, or attorney for collection, the dot, seller's legal fees incurrent, or the breach thereof, shard rendered by the Arbitrator(stany, the undersigned hereby the collection).	in accordance with the laws of the state of New resolve any and all disputes which may arise in 30 days past due. This is equivalent to an annual the undersigned shall pay an amount equal to 25%			
Signed:	(Pri	int Name)		Date:			
Ciamat	(Pr	int Name)		Date			

(Note: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)