



NEW CUSTOMERS

PLEASE RETURN THESE FORMS

Credit Application

Shipping Instructions

Damaged Material Form

Sales Tax Exempt Form/Resale Certificate (If Applicable)



CREDIT APPLICATION

Federal ID No: _____

Company Legal Name (and D/B/A Business Name if applicable):

Unapproved or Approved
Date: _____ By: _____

Company Type (Circle one): Sole Proprietor Partnership Corporation Non-Profit Other:

State of Formation: _____ Date of Formation: _____

Website: _____ Dun & Bradstreet No: _____

Mailing Address: _____ Sales Tax Exemption No: _____

Main Phone No: _____

Billing Address (if different): _____ Type of Business: _____

Estimated Annual Sales: _____

Are P.O.'s Required? (circle) Yes No Number of Employees: _____

How often are Checks Cut? (Circle) Weekly Semi-Monthly Other

Owner or President

Name: _____

Home Address: _____

Home Phone No: _____

Social Security No: _____

Accounts Payable Contact

Name: _____

Email Address: _____

Phone No: _____

Fax No: _____

Landlord or Mortgage Holder: _____ Account Type: _____

Financial Institution: _____ Account Type: _____

Contact Name: _____ Account Number: _____

Address: _____ Phone No: _____

TRADE REFERENCES

Reference's Name: _____ Account No: _____

Address: _____ Phone No: _____

Fax No: _____

1) Reference's Name: _____ Account No: _____

Address: _____ Phone No: _____

Fax No: _____

CREDIT AGREEMENT

I understand that by signing this credit application, I am stating that I am a legal agent of the above-mentioned company and that I have the authority to represent the company in this matter. Further, I hereby authorize Consolidated Aggregates to contact the three trade references and inquire about the company's payment practices and other factors that may help Consolidated Aggregates access creditworthiness. I also authorize Consolidated Aggregates to contact the banking references provided above and I authorize the bank to provide Consolidated Aggregates with information regarding accounts and balances, lines of credit, and other credit instruments. Further, I understand that I am authorizing Consolidated Aggregates to access national, regional, or local databases to obtain any information that may assist in assessing credit risk. As part of this agreement, revoked checks are subject to \$25 fees and outstanding balances past term are subject to additional 1.5% monthly interest charges. Should Consolidated Aggregates be forced to file a legal claim against the applicant and/or the undersigned for reason to recover the past due amount, it is the right of Consolidated Aggregates to add reasonable collection costs, legal costs and attorney fees to the assigned balance due at time of undersigned warrants that the information submitted is true and correct.

Signed: _____ Title: _____

Print Name: _____ Date: _____

PERSONAL GUARANTEE

The undersigned personally and individually guarantees the payment of any outstanding balances and obligations of the named Applicant in this document due Consolidated Aggregates and agree that I am personally obligated to perform all of the terms of and make payments to Consolidated Aggregates required by the agreement of which this Application is a part. Absent written permission by Consolidated Aggregates this personal guarantee may not be revoked.

Signed: _____ Title: _____

Print Name: _____ Date: _____

Co-Signed (if applicable): _____ Title: _____

Print Name: _____ Date: _____



Shipping and Receiving Information

Company:	
Street Address:	
City/State/Zip Code	
Receiving Contact Name:	
Cell Phone #:	
Email Address:	
Receiving Hours:	_____ A.M. to _____ P.M.
Any Sat/Sun Delivery:	(Circle) Yes No
Equipment:	
FLATBED	(Circle) Yes No
STEP DECK	(Circle) Yes No
VAN	(Circle) Yes No
REFER	(Circle) Yes No
Facility: Receiving Dock	(Circle) Yes No
Lift Gate Needed	(Circle) Yes No
Appointment Needed	(Circle) Yes No
Accounts Payable Contact/Phone/Email:	
General Shipping Information:	<u>Any damages or shortages must be noted on the drivers copy of the shipping receipt at time of delivery</u>
	All fuel surcharges are included in negotiated rate with carriers unless stated.
Shipping Manager:	Brian Morales (480-225-0171) brianm@turleyinternational.com



DAMAGED MATERIAL CLAIMS

ATTENTION: RECEIVING DEPARTMENT

IT IS VERY IMPORTANT IF YOU RECEIVE DAMAGED BAGS TO:

BEFORE SIGNING-NOTE THE DAMAGE ON THE BILL OF LADING.

IT IS OKAY TO SIGN THE BILL OF LADING BUT YOU MUST NOTE ON THE BILL OF LADING HOW MANY BAGS YOU HAVE RECEIVED THAT ARE DAMAGED.

CONSOLIDATED AGGREGATES WILL NOT BE ABLE TO RECOVER THE COST OF THE DAMAGES IF IT IS NOT NOTED ON THE BILL OF LADING.

PLEASE CALL OUR SHIPPING OFFICE IMMEDIATELY **480-225-0171** WITH THE INFORMATION.

ALL PRODUCTS MUST BE PROTECTED FROM THE WEATHER. PLEASE STORE MATERIAL IN A DRY PLACE.

DAMAGE DUE TO HEAVY RAIN

It is mandatory that all flatbed loads be tarped and strapped before they leave our facility. If heavy rain is forecasted during the transit time, we suggest that you request a van truck instead of a flatbed to protect the product. Consolidated Aggregates cannot be responsible for damage due to heavy rain.

Signed

Date