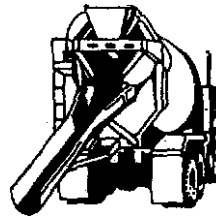


CASTOR MATERIALS

3025 Castor Avenue, Philadelphia, PA 19134



Phone 215.739.5491

Fax 215.739.54-92

Date: -----

Dear Business Customer, -----

We are pleased your company is interested in doing business with our company Castor Materials. We appreciate each and every customer that comes and purchases material from our company. Castor Material's products and materials are PennDOT, NJDOT & PWD Certified. Castor Materials offers their customers Ready Mix Concrete, Aggregate Products and Masonry Tools. Materials and products are available to our customers by the options of Delivery or Pick Up.

An application is enclosed for you to become a frequent account customer. By becoming a frequent account customer we are able to supply material to your company and bill you for the use of the material you purchase.

In order to become a frequent account customer please fill out the enclosed forms:

- I. Customer Information sheet
2. Credit Application- Commercial
3. Continuing Personal Guarantee
4. Credit Card Application (to use credit card w/ account must check auto charge).
5. Customer must supply a Copy of Legal Identification (Driver's License)

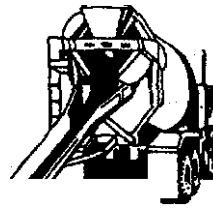
These forms must be filled in with correct information in order for our company to provide the appropriate billing and up to date information on all of our clients and customers. The process for approvals for credit applications with Castor Materials may take up to five days. When or if you are approved as an Account Customer, we will send a letter congratulating you. Our billing cycles for credit approval account customers from Castor Materials are: 30/60/ 90 day term.

We appreciate your business and the time in filling out the forms. Your company will be pleased to use Castor Materials for all your future materials and products.

Sincerely,
Castor Materials Inc.

CASTOR MATERIALS

3025 Castor Avenue, Philadelphia, PA 19134



Phone 215.739.5491

Fax 215.739.5492

CUSTOMER INFORMATION SHEET

All information must be filled in accurately & correctly

****Must Supply a Copy of Drivers License****

Date of Application: -----

Company Name (Name to appear on Job **ticket**):-----

Contact Name (Owner Co.): **Ph/Cell#**-----

Company Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: -----

Authorized purchasers for your company are:
(removing or adding to your purchasers for your company, you must fax us using your letterhead)

Name: _____

Name:

Name:

Name:

Tax Exempt: No / Yes- If yes, provide us with your Tax Exempt ID # **==--:-----**
(Attach a copy of your Tax Exempt Certificate)

Please circle Yes or No to the appropriate items: Purchase Order Yes or No- Job Number Yes or No
**** Purchase Orders are not shipped without (PO) Purchase Order numbers.****

Other **Specifications:**-----

Please initial how your company will pay for material or products:

Company Check ----- Cash _____ Acct _____ Credit Card _____

****To pay using an Account you must fill out Customer Commercial Credit Application & set up an account with our company Castor Materials****

****To pay using a Credit Card for your company, fill out the form Credit Card Authorization & check auto charge.****

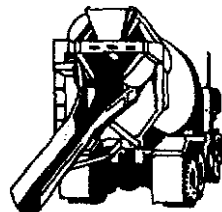
Date: _____

Signature of Person Responsible for account

Print Name

CASTOR MATERIALS

3025 Castor Avenue, Philadelphia, PA 19134



Phone 215.739.5491
Fax 215.739.5492

APPLICATION -

CREDIT ACCOUNT

Date of Application: _____ Company Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Number of years in Business: _____

Number of years at Location: _____

*** Credit Line Request: _____ ****

Must Supply a Copy of Driver's License

Type of Business:
Initial the business type

_____ Sole Proprietorship

_____ Partnership

_____ Corporation (State of _____)

Number of Employees: _____

Annual Sales: _____

Credit applications must be filled out and approved to receive an operating account with Castor Materials. The process for approval or denial takes 5 to 7 days.

Customer Payment Personal Guarantee filled out? Yes or No- If yes, the attached document must be filled out accurately and correctly. Name of person who filled it out: _____

OWNER	SUPPLIER	BANK REFERENCE
Name: _____	Company: _____	Bk/Name: _____
Address: _____	Address: _____	Acct#: _____
City: _____	City: _____	Address: _____
State: _____ Zip: _____	State: _____ Zip: _____	City: _____
Phone: _____	Phone: _____	State: _____ Zip: _____
Cell: _____	*****	Phone: _____
*****	Company: _____	*****
Driver License # _____	Address: _____	Bkl Name: _____
*****	City: _____	Acct#: _____
Home Address: _____	State: _____ Zip: _____	Address: _____
_____	Phone: _____	City: _____
_____	*****	State: _____ Zip: _____
City: _____	Company: _____	Phone: _____
State: _____ Zip: _____	Address: _____	*****
.....	City: _____	Please note that all information
• Copy of owner's driver's license must be supplied.	State: _____ Zip: _____	must be accurate, current and
_____	Phone: _____	correct for approval.

All statements made herein are true and accurate to be the best of our knowledge. We authorize the above company to make any and all inquiries necessary for actm in this credit application. We hereby indemnify the above company and its agents from any liability resulting from their credit survey.

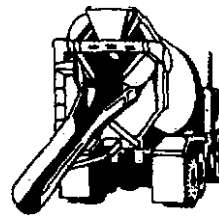
Authorized Signature

Title

Date

CASTOR MATERIALS

3025 Castor Avenue, Philadelphia, PA 19134



Phone 215.739.5491

Fax 215.739.5492

Continuing Personal Guarantee

I, _____, residing at _____ for and in _____ consideration of Castor Materials, Inc., extending my request to _____ (referred to herein as "the Company," of which I hold the office of _____, hereby personally and unconditionally promise and guaranty to Castor Materials, Inc., payment of any obligation or amount owed to Castor Materials, Inc., by the Company. I hereby agree to pay Castor Materials, Inc., on demand any sum which may become due when the Company fails to pay. I understand that this guaranty is continuing and irrevocable by me as long as the Company owes Castor Materials, Inc., any debtor obligation. Notice of acceptance of the guaranty is waived.

I waive notice of default, notice of payment, demand for payment, diligence and extensions of time for payment. I consent to any modification or renewal of the credit extended to the Company or to any extension of credit to the Company exceeding the credit line requested, all of which may be done without notice to me. Castor Materials Inc. need not take any action against the Company or any other person, partnership, or corporation to collect any amount owed before processing against me on this guaranty.

I agree to pay interest at the rate of 1.5% per month on any amount owed for more than 30 days, not to exceed an annual rate of 18%. If collection of overdue accounts is referred to an attorney or collector, I agree to pay the reasonable fee of such attorney or collector. I agree that Castor Materials, Inc. need not notify me before charging interest or referring my account to an attorney.

Owner Name: _____

Company Name: _____

Personal Information of Company Owner:

Print Name: _____ Date: _____

Signature: _____ SSN: _____

Address: _____ Phone: _____

City: _____ .State: _____ Zip: _____ Cell: _____

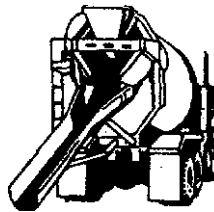
****Must Supply a Copy of Driver's License****

Witness Name: _____ Print Name _____ Date: _____, _____

Witness Signature: _____

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3025 Castor Avenue, Philadelphia, PA 19134



Phone 215.739.5491

Fax 215.739.5492

Credit Card Payment Authorization Form

INSTRUCTIONS: To pay by Credit Card. Please complete form



CREDIT CARD HOLDER INFORMATION

****Must Supply a Copy of Driver's License****

CARD TYPE: Visa MaterCard American Express Discover

Other: _____

1. Name on **Card**: ******-----

****** Company Name on Card: _____

2. Credit Card Number: _____ Exp. Dare: _____

*******Securily Code _____ this is the 3 digits on back of card.

Billing Information

3. Billing Address: _____

City/State _____

4. Billing Zip Code: _____

5. Primary Phone #: _____

Secondary Phone # _____

6. Date of Birth: _____ Male or Female

7. Driver License#: _____

Exp. **Date**: _____

8. Last 4 digits of Social: _____

Card holder agrees to authorize the transaction charged to credit card account to Castor Materials. Any transaction returned/charged back to Castor Materials regarding card holder's credit card, the Credit Card holder Will pay all due amounts to Castor Materials without dispute, discount, reduction or set-off) and if suit is instituted, card holder agrees to pay in addition to the balance owed a 33% interest, attorney and court fees.

****Card holder, please be informed; by signing this form you are authorizing our company**

****Castor Materials to charge your account for the product/material/ sales for your**

****use/need.**

9. Card Holder Signature: _____ Date: _____

Other authorized card users: -----

***** Please check the following*****

Auto Charge Purchase only (nothing checked it is for one time use only)