3025 Castor Ave., Philadelphia, PA 19134

CUSTOMER INFORMATION SHEET

Date of Application:

Company Name (Name to a	ppear on Job tic	cket):				
Company Address:						
City:			State:		Zip:	
Phone:	Fax:			E.I.N. #:		
Name (Owner):			Phone:			
Email (Owner):						
Name (Accounting):			Phone:			
Email (Accounting):						
Authorized Purchasers:						
Name:			Name:			
Name:			Name:			
<u>Removin</u>	g or adding purcl	hasers requ	iires a faxed i	request on con	npany letterhe	ead.
Tax Exempt:	YES	NO	Desired	Payment M	ethod:	Check
If yes, Tax Exempt ID #*: *Required: Copy of Tax Exempt Certificate			⁽¹⁾ Required: eCheck			eCheck ⁽¹⁾
			Authorizati			
P.O. #'s Required*:	YES	NO	(2) Required: Commercial Credit App., Personal Guarantee form &		Cash	
*If yes, orders will not be shi	pped without P.C	D.#'s	Credit Car	d Authorization	form.	Account ⁽²⁾
Job Name Required:	YES	NO		Required: Credit Card thorization form.		Card ⁽³⁾
Other Specifications:						
	Authorized Signature		Print Name			

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CREDIT CARD PAYMENT AUTHORIZATION FORM



Must Supply a Copy of Driver's License

Name on Card:					
Company Name on Card:					
Billing Address:		_			
City:	State:	Zip:			
Phone:	Email:				
Card Number:	Exp. Date:				
,	om back of card)				
Driver License #:	D.L. State: D. Date of Birth:	.L. Exp Date:			
Last 4 digits of Social Security #: Date of Birth:					
Authorized Card Users: Name:	Name:				
Name:	Name:				
Removing or adding p	ourchasers requires a faxed requ	uest on company letterhead.			
I authorize Castor Materials to charge the credit card listed above for goods and services. I understand this credit card will remain on file for use on any future purchases. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify, in writing, of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. If a lawsuit results from a return/decline/chargeback and I am found liable for those charges, I agree to pay the balance owed, 33% (apr) interest, attorney and court fees without discount, reduction or set-off.					
Card Holder Signature:		Date:			

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<u>eCHECK PAYMENT AUTHORIZATION FORM</u>**Must Supply a Copy of Driver's License & Canceled Check**

Owner Phone:	Email:		
Name on Bank Account:			
Company Name on Accou	nt:		
Bank Name:		Bank Phone #:	
Bank Contact Person:			
Bank Address:		City/State/Zip:	
Account Number: Routing Number: Driver License #: D.L. State: D.L. Last 4 digits of Social Secu	Exp Date: urity #:	EOR	Account Number
Authorized Check Users: Name: Name:	oving or adding users require	Name: Name: s a faxed request on company lette	erhead.
	Recurring	One Time Use* *One Time Use Amount:	Check #:
eCheck will remain on file for until I cancel it in writing. I a authorization at least 15 day regarding an eCheck; payme	or use on any future purchas agree to notify, in writing, of a sprior to the next billing date ent will become due & payab suit is instituted, eCheck ho	ount listed above for goods and ses. I understand that this authorizing changes in my account information. Any transaction returned/charged le immediately to Castor Materials lder agrees to pay in addition to	zation will remain in effect ation or termination of this d back to Castor Materials without dispute, discount,
Bank Account Hold	der Signature:	D	Pate:

3025 Castor Ave., Philadelphia, PA 19134

CREDIT APPLICATION FOR COMMERCIAL ACCOUNT

Must Supply a Copy of Driver's License & Canceled Check

Business Information

Company Name: Company Address:

City/State/Zip: Company Phone #:

Company Phone #: Bank Reference Bank Phone #: Bank Address: City/State/Zip: Supplier References Company: Phone #: Contact Person: Address: City/State/Zip: Company: Phone #: Company: Company: Phone #: Contact Person:	Sole Proprietorship Partnership Corporation (State) LLC (State) Number of Employees: Tax I.D. #: Annual Sales: Years in Business:				
Address:City/State/Zip:	Years at Location: Credit Line Requested: \$				
Credit applications must be filled out and approved to receive an operating account	•				
Personal Information of Company Owner					
Owner Name:	SSN#:				
Home Address: City: State: Zip: Cel	 •				
Email:					
CONTINUING PERSONAL GUARANTEE I, , residing at for and in					
Castor Materials, Inc., payment of any obligation or amount owed to Castor Castor Materials, Inc., on demand any sum which may become due when the continuing and irrevocable by me as long as the Company owes Castor Materials, is waived. I waive notice of default, notice of payment, demand for payment, any modification or renewal of the credit extended to the Company or to any line requested, all of which may be done without notice to me. Castor Materiany other person, partnership, or corporation to collect any amount owed before I agree to pay interest at the rate of 1.5% per month on any amount of 18%. If collection of overdue accounts is referred to an attorney or collect collector. I agree that Castor Materials, Inc. need not notify me before charging	e Company fails to pay. I understand that this guaranty is brials, Inc., any debtor obligation. Notice of acceptance of the diligence and extensions of time for payment. I consent to y extension of credit to the Company exceeding the credit rials Inc. need not take any action against the Company or ore processing against me on this guaranty. To owed for more than 30 days, not to exceed an annual rate ctor, I agree to pay the reasonable fee of such attorney or ng interest or referring my account to an attorney.				
Signature:	Date:				