KENNEDY CULVERT & SUPPLY CO., INC.

Please mail completed application to:

8000 Midlantic Drive, Suite 200N
Mount Laurel, New Jersey 08054
Fax # 856-813-5002

Thank you for taking the time to complete a credit application with Kennedy Marketing Company/ Kennedy Culvert & Supply.

Please complete this credit application in its entirety, without omissions, in a timely manner. All information is vital and necessary for us to process your application. Please includes zip codes, titles, social security numbers, addresses, phone & fax numbers, signatures, and account numbers. Incomplete applications could result in a time delay in establishing credit. Thank you for your prompt attention in this matter.

If your application is faxed, please send the original via mail. Thank you.

Credit Department

Kennedy Culvert and Supply Co., Inc.

KENNEDY CULVERT & SUPPLY CO., INC.

Application for credit

Date:_____ Salesperson:_____ Branch: _____

PLEASE PROVIDE ALL INFORMATION WHERE APPLICABLE

Name of Company or Individual:_____

Business Address:_____

_____

_____

Business Telephone:_____Fax:_____

How Long in Business:_____ Fed I D # _____

Business Property: ( ) Leased ( ) Mortgaged ( ) Owned

Type Organization: ( ) Individual ( ) Corporation ( ) Partnership

Previous Business Name(s) and Address(s):

Bonded: Yes ( ) No ( ) - Bonding Co. Name & Address:

****

IF INDIVIDUAL:

Name:_____Social Security No.:_____

Home Address:_____

_____

Home Phone Number:_____Spouse: (If Contractual Liable)_____

Business:_____Rent:_____

Mortgaged/Balance Owed:_____Market Value:_____

****

IF CORPORATION:

List names of Corporate Officers with COMPLETE Home Address (INCLUDING ZIP CODES) and PHONE NUMBERS; EACH OFFICER'S SOCIAL SECURITY NUMBER AND PERCENTAGE OF STOCK INTEREST.

President:_____Vice President:_____

_____ _____

_____ _____

Secretary:_____Treasurer: _____

_____ _____

KENNEDY CULVERT & SUPPLY CO., INC.

APPLICATION FOR CREDIT

IF PARTNERSHIP;

List NAMES, ADDRESS AND TELEPHONE NUMBERS OF ALL PARTNERS AND PERCENTAGE OF PARTNERSHIP INTEREST:

_____ _____

_____ _____

_____ _____

ADDRESS WHERE STATEMENTS AND INVOICES SHOULD BE SENT:

_____

_____

_____

BANK REFERENCES: If more than one loan with bank, give details of other loans on reverse side.

1. NAME OF BANK: _____Phone #: _____
   NAME OF BANK OFFICER _____Fax #:_____
   ADDRESS OF BANK _____
   _____Zip: _____

   CHECKING ACCT # _____
   SAVINGS ACCT # _____

	AMOUNT	TERMS	BALANCE
Term Loan:	_____	_____	_____
Line of Credit:	_____	_____	_____
Personal Loan:	_____	_____	_____

2. NAME OF BANK: _____Phone #:_____
   NAME OF BANK OFFICER_____Fax #:_____
   ADDRESS OF BANK _____
   _____Zip: _____

   CHECKING ACCT # _____
   SAVINGS ACCT # _____

	AMOUNT	TERMS	BALANCE
Term Loan:	_____	_____	_____
Line of Credit:	_____	_____	_____
Personal Loan:	_____	_____	_____

KENNEDY CULVERT & SUPPLY CO., INC.

TRADE REFERENCES: Please indicate NAME, COMPLETE MAILING ADDRESS INCLUDING ZIP CODE, PHONE NO. FAX NO., and ACCOUNT NO.
(If you do not indicate the complete mailing address and zip code we will NOT process your credit application)

1. _____Phone:_____
   _____Fax:_____
2. _____Phone:_____
   _____Fax:_____
3. _____Phone:_____
   _____Fax:_____

The undersigned applicant represents and warrants that the above information given for the purpose of obtaining credit is true and correct. Authorization is hereby granted to creditors and our bank to release information for the sole purpose of establishing credit. If required, the applicant agrees to submit its most recent Financial Statement. Payment to be made within 30 days of delivery. Any balances not paid within thirty (30) days will be subject to a service charge of 1.5% per month on the unpaid balance. In the event that it is necessary to refer a past due balance to an attorney for collection, undersigned will also be responsible for payment of reasonable attorney's fees of 25%, court costs, and related expenses. Checks returned due to insufficient funds shall be assessed a fee of $30.00 each.

_____ _____

TYPE OR PRINT NAME SIGNATURE OF APPLICANT, (INDIVIDUAL OR PARTNER OR OFFICER OF THE CORPORATION)

In consideration of the extension of credit to the above applicant, I/we hereby agree to be unconditionally and personally/jointly and severally responsible for payment of all invoices charged to the above applicant, plus payment of all interest charges and attorney's fees and related expenses incurred in this account.

_____ _____

TYPE OR PRINT NAME SIGNATURE

_____ _____

TYPE OR PRINT NAME SIGNATURE

FOR OFFICE USE ONLY

DATE: _____CREDIT LIMIT: _____APPROVED BY: _____