

**DeFeo Materials Inc**  
**888-884-6459**  
15 Clay rd., Bethany, CT 06524

**CREDIT APPLICATION**

**COMPANY BACKGROUND**

**Name:** \_\_\_\_\_

Address \_\_\_\_\_ Corp. \_\_\_\_\_ Trust \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax# \_\_\_\_\_

Year Inc. \_\_\_\_\_ State \_\_\_\_\_ SS#/FIN \_\_\_\_\_

**Billing Instructions:**

Billing Email \_\_\_\_\_ Person of Contact \_\_\_\_\_

Billing Phone Number \_\_\_\_\_ Paper or Mailed Invoice? \_\_\_\_\_

**PRINCIPALS**

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

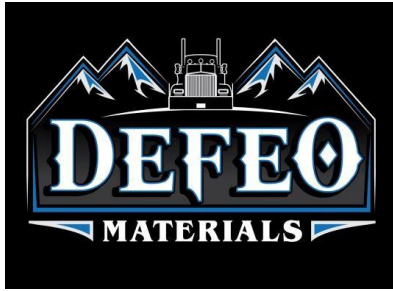
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

**BANK REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_

Tel.# \_\_\_\_\_ Contact \_\_\_\_\_ Acct.# \_\_\_\_\_



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**CREDIT APPLICATION CONT.**

**TRADE REFERENCES**

1. Name \_\_\_\_\_ TEL# \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_
2. Name \_\_\_\_\_ TEL# \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_
3. Name \_\_\_\_\_ TEL# \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_

**HAVE YOU OR ANY ORGANIZATION YOU ARE AFFILIATED WITH EVER FILED FOR BANKRUPTCY:  
YES \_\_ NO\_\_**

**If yes, please explain:**

I hereby certify that all statements accompanied and contained in this application are true and made for the purposes of obtaining credit and in consideration of DeFeo Materials, LLC. selling to me or my agent(s), I agree to the following terms: (1) To maintain the account in terms of NET 30 DAYS. (2) To pay service charges for late payment at a rate of 18% PER ANNUM. (3) To pay all reasonable collection fees and attorney fees if account is placed in collection. (4) The undersigned authorizes any credit investigation needed for action on this credit application and hereby indemnifies and holds harmless DeFeo Materials, LLC. from any liability resulting from their credit survey. The undersigned personally guarantees the debt. It is also acknowledged and agreed that accounts receivable information may be reported by the company to various consumer and commercial credit agencies. (5) If payment is not received after 7 days of invoice due date, a 1.5% late fee will automatically be added to your account. After 30 days of unpaid invoice, the customer's account will automatically be put on hold until payment is received. **Customer agrees to waiver its rights to notice and hearing under the prejudgment remedies as provided for in Connecticut General Statutes, Chapter 903A, as amended for any default of this credit agreement. This waiver of notice and hearing in this commercial transaction affords creditor with the right to a prejudgment remedy without securing a court order.** THIS CREDIT APPLICATION MUST BE EXECUTED BY A PRINCIPAL LISTED ABOVE OR A DULY AUTHORIZED AGENT. The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all of Buyers' obligations under this Application with DeFeo Materials LLC, including timely payment of any and all sums due to DeFeo Materials LLC. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

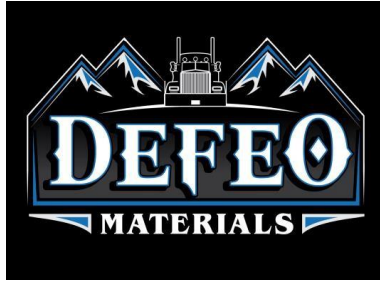
\_\_\_\_\_  
Owner/Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

Ashley@defeomaterials.com  
15 Clay Road Bethany, CT 06524



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### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us once your account is fully paid off (including not due balances). This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _
CVV Code On Back: _____

I, \_\_\_\_\_, authorize DeFeo Materials LLC to charge my credit card above for invoices over 30 days overdue. Additionally, I am aware if I allow my account to reach 30 days overdue, there will be a 3% service fee and interest applied to my balance. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_ Date

Customer Signature

