



Allied Recycled Aggregates

a division of Allied Demolition, Inc.

7901 Hwy 85, P.O. 566 Commerce City, CO. 80037

(303) 289-3366 Fax (303) 289-3543

CREDIT APPLICATION

Name _____ Date _____

Business name _____ Phone _____

Physical address (required) _____ Fax _____

Mailing address _____

Electronic Billing Requested Yes ___ No ___

Email Address _____

City / State / Zip _____ SSN/FID _____

Check one: () Individual () Partnership () Corporation

Type of Business _____ How long in business _____

Names:

President _____ Vice-President _____

Treasure _____ Secretary _____

Owner's Name _____ Home address _____

City / State / Zip _____ Home phone _____

Do you require a Purchase order? _____ Do you require a Job number? _____

Resale no.: _____ State / Fed exempt no. _____

The following will be authorized to purchase under the company name:

Primary bank: _____ Account No. _____

address _____ City / State / Zip _____

Trade references:

Name Address phone fax

I understand that your terms are net 10th prox. Further, I agree to pay a service charge of 1 3/4% per month, 21% annum, on invoices not paid by the 27th of the month in which due. I also understand that your policy is to turn any account 60 days past due to a collection agency, and I agree to pay reasonable collection costs, court costs, and attorney fees.

** NOTE: THE FOLLOWING MATERIALS WILL NOT BE ACCEPTED:

ANY HAZARDOUS MATERIALS: (i.e. contaminated soil, ACM - asbestos containing materials, including VAT - vinyl asbestos tile, etc.) WOOD, TRASH, TREES, SOD, PLASTIC, OR ANY OTHER ORGANIC DEBRIS. ALLIED RESERVES THE RIGHT TO REFUSE ANY LOAD.

WE ARE NOT A LANDFILL.

By the signature below I grant permission to Allied Demolition, Inc. to contact and obtain any and all credit information from the above listed trade references and /or any or all credit reporting agencies and / or any other source Allied Demolition, Inc. may deem necessary to evaluate for the purpose of granting credit.

Signed by: _____ Date _____

Title: _____

