



APPLICATION FOR CREDIT

Please check off the specific Benevento company to which you are applying for credit. All payments must be made to the specific company named on the invoice.

Benevento Sand & Stone, PO Box 454, Wilmington MA 01887

Benevento Asphalt Corp, PO Box 695, Wilmington, MA 01887

Benevento Concrete Corp, PO Box 459, Wilmington, MA 01887

Benevento Bituminous Products, LLC, PO Box 692, Wilmington, MA 01887

On-Spec Sand & Gravel, LLC, PO Box 453, Wilmington, MA 01887
(Located in Pembroke NH)

Benevento Aggregates LLC, PO Box 453, Wilmington, MA 01887
(Located in Loudon NH)

PLEASE COMPLETE THESE FORMS ENTIRELY, and **Fax to 978-203-1886**
or email to ddiamond@beneventocompanies.com or
dfoley@beneventocompanies.com

Our Credit Supervisor can be reached by telephone at 978-658-5300, Ext 110

REMINDER: WHEN DOING BUSINESS WITH MORE THAN ONE COMPANY, PAYMENTS MUST BE MADE TO EACH SPECIFIC COMPANY NAMED ON THE INVOICES

Thank you, we value your business !

BENEVENTO SALES REP: _____

COMPANY NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

BUSINESS PHONE #: _____ FAX: _____

HOME ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE #: _____ MOBILE PHONE #: _____

EMAIL ADDRESS: _____

NATURE OF BUSINESS: _____

DATE BUSINESS STARTED: _____

HAVE YOU DONE BUSINESS WITH US BEFORE? (YES / NO) IF YES: (COD / CREDIT TERMS)

IF YES PLEASE ADVISE WHICH COMPANY & WHEN YOU STARTED PURCHASING:

A/P CONTACT Name: _____ Phone #: _____

A/P CONTACT EMAIL: _____ FAX #: _____

NAMES OF PRINCIPALS - (PRESIDENT / OWNER): _____

BANK NAME / ADDRESS: _____

BANK CONTACT / PHONE #: _____

BANK ACCOUNT #: _____

PLEASE SUPPLY THREE CREDIT REFERENCES (ALL INFO MUST BE PROVIDED)

1) COMPANY NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

BUSINESS PHONE #: _____ EMAIL: _____

2) COMPANY NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

BUSINESS PHONE #: _____ EMAIL: _____

3) COMPANY NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

BUSINESS PHONE #: _____ EMAIL: _____

TERMS AND CONDITIONS

Applicant, in consideration of any extension of credit heretofore or hereafter grant by the Company, warrants that all information be true, complete and accurate and hereby agree to the following Terms and Conditions:

- 1. Applicant authorizes the Company to make inquiry and to gather additional credit information from any source and hereby authorizes such source or sources to answer such inquiry with true, accurate and complete information about the Applicant.
- 2. Payment is due within thirty (30) days from date of invoice.
- 3. Any amount unpaid after thirty (30) days is delinquent and Applicant agrees to pay a finance charge of the lesser of 18% per annum (1.5% per month) or the highest rate permitted by applicable law on any amounts unpaid after thirty (30) days.
- 4. Applicant authorizes the Company who at any time are indebted to the applicant to deduct such indebtedness from sums at time owing by Applicant to that Company.
- 5. Any extension of credit is and shall be at the sole discretion of the Company. The Company is not obligated to extend any further credit beyond the extension of credit upon approval of this credit application.
- 6. Applicant agrees to notify the Company in writing of any change in ownership of Applicant and of the occurrence of any event that has had or may have a material and adverse effect on the Applicant, its business or prospects.
- 7. Applicant agrees to pay all costs of collection incurred by the Companies including reasonable attorney's fees whether or not is brought.
- 8. In consideration of any extension of credit to the above Applicant by the Company, I / we hereby jointly and if more than one, personally guarantee(s) prompt payment when due of any and all debts, liabilities and obligations heretofore, hereafter incurred to any of the Companies by the above Applicant; hereby waiving all suretyship defenses and agree(s) to: pay all costs and expenses, including reasonable attorney's fees in enforcing this Guaranty.

I hereby authorize the Benevento Companies to verify all the information above and contact credit references provided herein. I understand that all information thus obtained will be held in strict confidence. I agree to the Terms and Conditions set forth and that this Credit Application is comprised of all four pages, including the Individual Personal Guaranty.

(SIGNATURE)

(PRINT NAME)

(TITLE)

(DATE)

INDIVIDUAL PERSONAL GUARANTY

TO: Benevento Sand and Stone Corporation, Benevento Asphalt Corporation, Benevento Concrete Corporation of Wilmington, Massachusetts

-And-

Benevento Bituminous Corporation of Kingston, On-Spec Sand & Gravel, LLC, Benevento Aggregates LLC of New Hampshire

DATE: _____

I, _____

residing at _____

for and in consideration of your existing credit at my request to

_____ (Name of Company)

(Hereinafter referred to as the "Company"), of which I am

_____ (Title) hereby personally guarantee to you the payment at WILMINGTON, in the Commonwealth of Massachusetts of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. Guarantor agrees to pay all costs of collection incurred by the Company including reasonable attorney's fees whether brought or not.

SIGNATURE: _____ PRINT NAME: _____

WITNESS: _____ PRINT NAME: _____

ADDRESS / TELEPHONE #: _____

INDIVIDUAL PERSONAL GUARANTY (cont'd)

TO: Benevento Sand and Stone Corporation, Benevento Asphalt Corporation, Benevento Concrete Corporation of Wilmington, Massachusetts

-And-

Benevento Bituminous Corporation of Kingston, On-Spec Sand & Gravel, LLC, Benevento Aggregates LLC of New Hampshire

DATE: _____

FULL NAME: _____

COMPANY TITLE: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RESIDENTIAL PHONE #: _____

CELL PHONE #: _____

COPY OF LICENSE: (Please provide copy of your license)



<https://www.beneventocompanies.com>

INVOICE DELIVERY FORM

Please have invoices sent by:

EMAIL: _____

MAIL TO ADDRESS ON APPLICATION

Company Name: _____



<https://www.beneventocompanies.com>

MONTHLY STATEMENT DELIVERY FORM

Please have monthly statements sent to:

EMAIL: _____

Company Name: _____