

JOHN S. LANE & SON, INCORPORATED

H. C. LANE, PRESIDENT
M. F. CONNOR, TREASURER
J. C. LANE, SECRETARY

CRUSHED
AGGREGATE



WASHED
SAND & GRAVEL

PLANT LOCATIONS:
WESTFIELD, AMHERST, OXFORD
WEST STOCKBRIDGE, MA
TEL. 413-568-8986
FAX 413-562-7651

730 EAST MOUNTAIN ROAD • P.O. BOX 125
WESTFIELD, MASS 01086-0125

APPLICATION FOR CREDIT

Company Name	Telephone Number	Fax Number	
Street Address	City or Town	State	Zip
MAILING ADDRESS (if different from above)			

Street Address	City or Town	State	Zip
Type of Business:			
<input type="checkbox"/> Corporation	State of Incorporation: _____		Year Incorporated: _____
<input type="checkbox"/> Partnership	Names of Partners: _____		
	Year Began: _____		
<input type="checkbox"/> Sole Proprietor (Individual)	Year Began: _____		
<input type="checkbox"/> Limited Liability Company (LLC)			

Federal I.D. Number: _____

Owner/Principal/Officer/Member Information:

Name	Address	Telephone	Social Security #
1.			
2.			

References:

Bank: _____	Contact: _____	Address _____
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Vendor References:

Company Name	Address	Phone	Fax # (Please Include)
1.			
2.			
3.			

Are You Exempt From Massachusetts Sales Tax? _____ If so, enclose a copy of your Massachusetts Tax Exempt Certificate (Forms ST-5, ST-12 or ST-4). Connecticut and other State Exempt Certificates are unacceptable since we do not deliver out of state.

PAYMENT TERMS -- ½% 10 Days (Material Only) – Net 30 Days. All invoices not paid when due will be subject to a service charge of 1 ½% (18% per annum) from the date of invoice.

ATTORNEY FEE CONTRACT PROVISION – In the event that I fail to pay my balance when due, I agree to pay a liquidated attorney fee of 15% of my unpaid balance and any additional amounts assessed by the court.

Signature of Applicant _____ Date _____ Please Print Name of Applicant & Title _____

Office Use:
Approved By: _____ Credit Limit _____

Date: _____ Customer Code _____ Customer/Quarry Notification _____