

The Phillips Companies
PO Box 7086, North Brunswick, NJ 08902
732-247-4124 732-247-6810 (Fax)

Harrison Supply Company
Harrison, NJ
973-483-4124

Concrete - Mason Materials

Clinton Block
Clinton, NJ
908-238-9212

FF Phillips, Inc.
Edison & New Brunswick, NJ
732-247-4124

Phillips Concrete
Hillsborough, NJ
908-526-4124

Cambridge Concrete
Upper Black Eddy, PA
908-237-1110

HS Mensing
Bridgewater, NJ
732-356-1636

Sussex Block
Sussex, NJ
973-729-7040

A. OWNERSHIP (Please check One)

Salesman: _____

____ Individual ____ Partnership ____ Corporation ____ LLC

Approved by: _____ CL: _____ PC: _____

NAME OF APPLICANT _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____
(IF DIFFERENT FROM ABOVE ADDRESS)

TELEPHONE NO. _____ FAX NO. _____

CELL OR PAGER NO. _____ E-MAIL ADDRESS _____

DATE BUSINESS ESTABLISHED _____ FEDERAL ID NUMBER _____
TYPE OF BUSINESS _____ DATE INCORPORATED _____ IN WHAT STATE _____

B. PRINCIPALS

1. Name _____ Age _____ Position _____

Home Address _____ City _____ State _____ Zip _____

Soc Sec # _____ - _____ - _____ Driver's Lic # _____

2. Name _____ Age _____ Position _____

Home Address _____ City _____ State _____

Soc Sec # _____ - _____ - _____ Driver's Lic # _____

(Please use separate sheet to list more than two Principals)

C. IS APPLICANT OR GUARANTOR A HOME OWNER ____ YES ____ NO

ADDRESS _____

HOME IS IN NAME OF _____

MORTGAGE AMOUNT \$ _____ BANK HOLDING MORTGAGE _____

D. DOES APPLICANT OWN BUSINESS PREMISES ____ YES ____ NO

ADDRESS _____

MORTGAGE AMOUNT \$ _____ BANK HOLDING MORTGAGE _____

E. APPLICANTS BANKS

NAME/BRANCH _____ CITY _____ ST _____

ACCT NO. _____ CHECKING ____ SAVINGS ____

OUTSTANDING LOANS

AMOUNT _____ BANK _____ PURPOSE _____

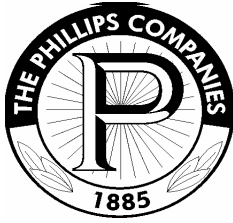
AMOUNT _____ BANK _____ PURPOSE _____

VOLUME OF BUSINESS / YEAR _____ LIABILITIES _____

YOUR ESTIMATED MONTHLY CHARGES _____

BASIS ON WHICH YOU PAY MERCHANDISE BILLS

____ WHEN FIRST BILLED ____ 30 DAYS ____ 60 DAYS ____ OVER 60 DAYS



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F. TRADE REFERENCES

1. NAME _____ PHONE _____
 ADDRESS _____ FAX _____

2. NAME _____ PHONE _____
 ADDRESS _____ FAX _____

3. NAME _____ PHONE _____
 ADDRESS _____ FAX _____

TERMS OF SALE, PAYMENT AND COLLECTION

Our billing month ends with the last day of each month. All bills must be paid in full by the last day of the following month. Accounts unpaid after the last day of the month will be charged a Service Charge of 1.5% per month compounded monthly with an effective annual interest rate of 19.562%. If term defaulted upon and the amount is referred to a bonded collection agency or attorney, applicant agrees to a collection fee and/or attorney fee of 25%, plus costs and expenses shall be added. Applicant agrees that this is fair and reasonable.

CUSTOMER AGREEMENT

The customer understands and warrants that the information given is complete and true and that this information has been relied upon in the extension of credit. I/We authorize any of the Phillips Companies or their Credit Agency to contact and receive information from the listed references and bank(s) or any sources deemed necessary to confirm my/our business background reputation and personal character. It is understood this information will be held in the strictest confidence and used only by our credit department.

The customer agrees that a delay in prompt payment of any debt due shall cause the assessment of a monthly service charge at the maximum legal rate. Failure to pay the service charge will be cause for immediate cessation of credit. All parties agree that should a Notice of Unpaid Balance be filed to collect outstanding balance arbitration will be done by an Alternate Dispute Resolution Mechanism Panel (ADR) and that all charges for filing of a Lien or Notice of Unpaid Balance will be added to customer account.

Signed _____ Title _____ For Applicant _____

GUARANTEE OF PAYMENT

I/We the undersigned personally guarantee payment of any and all debts incurred by the applicant. This guarantee is a continuing obligation for all purchases made by the applicant and subject to the Terms of Sale stated above. This guarantee is not terminated until The Phillips Companies actually receives notice in writing via certified mail of termination of the guarantee. The inclusion of my corporate title if any as part of my signature or execution of this guarantee shall not relieve me of my personal obligation.

Date _____ Signature _____
 Printed Name _____

Date _____ Signature _____
 Printed Name _____

Signature of Guarantor(s) - All Officers must sign – use additional sheet if more than two Officers