



HERB HOLDEN TRUCKING, INC.
 59 Broad Brook Rd
 Broad Brook, CT 06016
 800-742-6701
 Fax: 860-627-7896
 www.holdeninc.com

NEW CUSTOMER PROFILE

TODAY'S DATE : _____

BUSINESS NAME: _____

STREET ADDRESS: _____

PO BOX: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

BUSINESS STRUCTURE:

TYPE OF INDUSTRY YOU SERVICE: _____

CORPORATION: ___ PARTNERSHIP: ___ SINGLE PROPIETORSHIP: ___ HOME OWNER: ___

INCORPORATED DATE: _____ STATE INCORPORATED _____

HAVE BEEN IN BUSINESS SINCE: _____

FEDERAL I.D. NUMBER: _____

PRIOR TRADE NAMES: _____

HAVE YOU EVER FILED BANKRUPTCY? YES OR NO

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: _____

ACCOUNTS PAYABLE DIRECT PHONE #: _____

ACCOUNTS PAYABLE EMAIL ADDRESS: _____

*TAX-FREE PURCHASES REQUIRE YOUR EXEMPTION CERTIFICATE ON FILE **PRIOR TO DELIVERY OF MATERIAL.***

I/We agree the terms are net 30 days from date of invoice. Interest at the rate of 1.5% per month will be charged on all invoices not paid within 45 days. I/We also agree that all charge privileges will be suspended if any invoices reach 60 days. I/We agree to pay interest, attorney's fees, sheriff fees, and court cost if mine/our account must be turned over for collection.

NEW CUSTOMER PROFILE

CREDIT REFERENCES:

In order to qualify for a credit account with Herb Holden Trucking, Inc. we need some knowledge of your prior payment history with past and current vendors. Please provide us with at least four (4) companies in which we can contact for your past payment history. If possible, please give us at least one (1) vendor who is closely related to supplying you with sand, gravel, stone or other aggregates, or heavy equipment service or rental, or another contractor who has performed site work for you in the past.

1. _____

Address: _____

Phone: _____ Fax: _____

2. _____

Address: _____

Phone: _____ Fax: _____

3. _____

Address: _____

Phone: _____ Fax: _____

4. _____

Address: _____

Phone: _____ Fax: _____

BANKING INFORMATION

NAME OF BANK _____ ADDRESS _____

PHONE NUMBER _____ FAX NUMBERS _____

ACCOUNT NAME ON CHECK _____ ACCOUNT NUMBER _____

YOUR SIGNATURE BELOW WILL AUTHORIZE HERB HOLDEN TRUCKING, INC TO CONTACT THE CREDITORS LISTED ABOVE REGARDING YOUR PAYMENT HISTORY. ADDITIONALLY, BY SIGNING BELOW YOU AGREE TO ABIDE BY THE RULES SET FORTH BY OUR CREDIT TERMS

SIGNATURE OF OFFICER _____ PRINT NAME/ TITLE _____