

# MAX ARNOLD & SONS, LLC

702 North Main Street  
P.O. Box 568  
Hopkinsville, KY 42241-0568  
Phone: (270) 885-8488  
Fax: (270) 885-4444

## CREDIT APPLICATION

Credit will not be extended until this Credit Application is completed, verified and approved.  
Please make sure that the Application is filled out completely to expedite the process.

Applicant's Full Legal Name: \_\_\_\_\_  
Assumed Name (d/b/a): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Mailing Address: (If different from above) \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Federal ID No.: \_\_\_\_\_ or SS No.: \_\_\_\_\_  
Dunn & Bradstreet No. : \_\_\_\_\_  
Tax Status:  
Sales Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ (Ky. No.: \_\_\_\_\_ and attach tax-exempt certificate(s))  
Federal Excise Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ (Ky. No.: \_\_\_\_\_ and attach tax-exempt certificate)  
Road or State Excise Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ (Ky. No.: \_\_\_\_\_ and attach tax-exempt certificate)  
Delivery Location(s): Provide physical address(es) on addendum, and if any are located outside Kentucky, attach applicable tax exempt certificate(s)  
Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
What will you purchase? Gasoline \_\_\_\_\_ Diesel \_\_\_\_\_ Kerosene \_\_\_\_\_ Oils \_\_\_\_\_ Other (describe) \_\_\_\_\_  
If purchasing Diesel or Kerosene how will it be used? Farm \_\_\_\_\_ Home Heat \_\_\_\_\_ Commercial Heat \_\_\_\_\_  
Off Road \_\_\_\_\_ On Road \_\_\_\_\_  
Payment Responsibility/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporation  Partnership  Proprietorship  LLC  LP  Individual  Government  Other \_\_\_\_\_

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
If additional space is required, attach addendum.

Bank Reference: Primary Bank \_\_\_\_\_ Account No. \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Bank Phone: \_\_\_\_\_ Bank Fax: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Trade References:  
1) Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State \_\_\_\_\_  
2) Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State \_\_\_\_\_  
3) Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State \_\_\_\_\_

**Max Arnold & Sons, LLC  
Credit Application (Continued)**

Applicant, \_\_\_\_\_, requests a credit limit of \$\_\_\_\_\_.  
(If amount of credit requested is over \$10,000.00, please provide financial statements for the last three years, and, most recent quarter if the last financial statement is over 6 months.)

This application and the information contained herein is Applicant's request for an extension of credit by Max Arnold & Sons, LLC ("MAS"). The undersigned certifies that he/she is authorized to sign this credit application on behalf of Applicant; that the information contained herein is true; and that Applicant will notify MAS in writing if there is any change in any of the information, and until such notice is given, MAS may continue to rely on the information.

Applicant authorizes MAS to obtain a credit report from any reporting agency and to obtain credit information from any creditor of Applicant, including but not limited to, each of the credit references listed above. Applicant further authorizes any banker or commercial business with whom applicant is doing or has done business to give to MAS any information that will aid MAS in its credit investigation and decision. Applicant further authorizes MAS to reinvestigate Applicant's credit status from time-to-time as MAS deems appropriate. Applicant also authorizes MAS to act as a credit reference for Applicant by responding to inquiries from other creditors or potential creditors of Applicant regarding Applicant's transactions or experiences with MAS.

If credit is approved, Applicant will promptly pay when due, in accordance with the credit terms extended, any and all accounts/debts/obligations that Applicant may now or hereafter owe to MAS. Applicant acknowledges that delinquent accounts will bear interest at the rate of 2% per month (or the maximum interest rate permitted by law, if less than 2 % per month) from the due date. Further, in the event of default, Applicant agrees to pay costs and expenses incurred in the collection of the account, including without limitation, attorney fees or collection agency fees. Applicant further acknowledges that it will be responsible for any charges incurred by a person who is specifically authorized or who has apparent authority to act on behalf of Applicant.

Applicant understands that MAS reserves the right, in its sole discretion, to deny, limit, terminate or change the terms of any extension of credit to Applicant; including without limitation, the right to require payment by electronic funds transfer (EFT) or surety/collateral.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Title of Person Signing

If Applicant is an individual (sole proprietorship), Applicant's spouse, if any, must sign the Personal Guaranty.  
If Applicant is a corporation, partnership or limited liability company, at least one of Applicant's principals (shareholders, partners or members) and the principal's spouse, if any, must sign the Personal Guaranty.

Guarantor affirmatively states that he/she is married to \_\_\_\_\_/is not married  
Guarantor affirmatively states that he/she is married to \_\_\_\_\_/is not married

For value received, the undersigned ("Guarantor(s)"), hereby personally (and jointly and severally) guarantees payment when due of all accounts/debts/obligations (including costs of collection, collection agency and attorney fees) now due or which may hereafter become due by Applicant to MAS. This guaranty is a continuing, unconditional and irrevocable guaranty. Guarantor waives notice of default and non-payment by Applicant and consents to any modification or renewal of the credit terms extended pursuant to this credit application.

Guarantor authorizes MAS to obtain a credit report regarding him/her/it and authorizes any bank or commercial business with whom Guarantor is doing or has done business to give any and all information to MAS which will assist MAS in its credit investigation and decision.

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Residence Phone:

\_\_\_\_\_  
Residence Phone:

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBIT)**

COMPANY: \_\_\_\_\_  
(Please Print)

COMPANY ID: \_\_\_\_\_  
Enter Federal ID or Individual SSN.

I (We) hereby authorize Max Arnold and Sons, LLC, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)  Checking  Savings Account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print)

DATE: \_\_\_\_\_ SIGNED: X \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**ALL RETURNED ACH DEBITS WILL BE SERVICE CHARGED A FEE OF \$50.00 TO COVER EXTRA CHARGES MADE BY THE BANK AND EXTRA PROCESSING REQUIRED BY US. REPEAT OFFENDERS MAY LOOSE THE PRIVILEGE OF CHARGING AT MAX ARNOLD AND SONS, LLC.**