

CREDIT APPLICATION

Max Arnold & Sons, LLC (MAS)

702 N. Main Street
P.O. BOX 568
Hopkinsville, KY 42241-0568
(270) 885-8488 Fax (270) 885-4444

Date _____

BUSINESS/PERSONAL INFORMATION

Name/Legal Business Name: _____

Mailing Address: (Street or PO Box) _____

City & State: _____ Zip: _____

Billing Address :(If different than above) _____

City & State: _____ Zip: _____

Type of Business (Partnership, etc.): _____ Industry: _____

If Corporation, C type _____ S type _____ LLC _____ Years in Business: _____ Number of Employees: _____

Please attach any special billing instructions.

Delivery Address: _____

City & State: _____ Zip: _____ E-mail address: _____

Contact: _____ Title: _____ Business Phone: _____

Home Phone: _____ Fax: _____

All items in box must be completed!!

Principals' or Partners' full address, Social Security Number(s), & Federal ID NO: **ACCOUNT WILL NOT BE OPENED WITHOUT SOCIAL SECURITY NO or FEDERAL ID NO.**

D&B # _____

Type of Account: Regular Open Charge _____ Cardlock _____ Monthly Statement _____ Invoice _____ Other _____

Sales Tax Exempt: Yes _____ No _____ **(If yes, please submit sales tax exemption certificate)**

Federal Tax Exempt: Yes _____ No _____ **(If yes, please submit certificate)**

Road or State Tax Exempt: Yes _____ No _____ **(If yes, please submit certificate)**

Warning!! You will be charged tax until we received exemption certificates!!!!

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 _____

From what MAS location would you be purchasing? Hopkinsville _____
Madisonville _____
Russellville _____
Greenville _____
Princeton _____

MAS Contact: _____

Amount of Credit Limit Requested? \$ _____ *(An amount must be requested for credit processing. If amount of credit requested is over \$10,000, please provide financial statements for last 3 years. In addition, most recent quarter is requested if over 6 months old.)*

BANK & TRADE REFERENCES

We must have at least three trade references AND a bank reference to complete credit process!!! Signing the application gives MAS permission to verify credit references.

Primary Bank: _____ Account Number: _____

Bank Phone: _____ Bank FAX: _____ Bank Officer: _____

Trade References (At least 3 references must be listed for credit processing)

1) Name: _____ Street Address: _____

City, State: _____ Phone: _____ Fax: _____

2) Name: _____ Street Address: _____

City, State: _____ Phone: _____ Fax: _____

3) Name: _____ Street Address: _____

City, State: _____ Phone: _____ Fax: _____

4) Name: _____ Street Address: _____

City, State: _____ Phone: _____ Fax: _____

Credit cannot be extended until this form is completed, verified, and approved. Credit investigations can take more than seven business days to complete. Please make sure that application is filled out completely to expedite process. Will you accept C.O.D. shipments pending open credit approval?
Yes _____ No _____

******TERMS & CONDITIONS BELOW MUST BE SIGNED****
TERMS AND CONDITIONS OF CREDIT
FROM MAX ARNOLD & SONS, LLC.**

THIS APPLICATION IS SUBMITTED BY THE UNDERSIGNED (HEREINAFTER REFERRED TO AS "APPLICANT") FOR THE PURPOSE OF OBTAINING A CREDIT ACCOUNT WITH MAX ARNOLD & SONS, LLC. ALL REPRESENTATIONS ARE ACCURATE, COMPLETE, AND TRUTHFUL TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF.

THE APPLICANT HEREBY AUTHORIZES ANY INDIVIDUAL, FIRM, OR COPORATION GIVEN AS CREDIT REFERENCE TO DISCLOSE TO MAX ARNOLD & SONS, LLC; ORALLY OR IN WRITING, ANY INFORMATION WHICH IS PERTINENT TO THIS APPLICATION.

IF THE APPLICANT IS A CORPORATION, THE UNDERSIGNED AFFIRMATIVELY STATES THAT HE/SHE IS AUTHORIZED TO MAKE APPLICATION ON BEHALF OF SAID CORPORATION AND TO OBLIGATE SAME FOR ANY CREDIT EXTENDED THERETO AS A RESULT OF THIS APPLICATION; AND FURTHER, THAT THE CORPORATION ON WHOSE BEHALF THIS APPLICATION IS HEREBY MADE WILL CONTINUE TO BE BOUND AND OBLIGATED FOR ANY CREDIT ADVANCED THERETO UNTIL NOTICE TO THE CONTRARY IS GIVEN IN WRITING TO MAX ARNOLD & SONS, LLC. APPLICANT ALSO AUTHORIZES MAX ARNOLD & SONS, LLC TO SUBMIT APPLICATION FOR A CREDIT RATING TO TRANS UNION LLC/CREDIT BUREAU SYSTEMS.

CREDIT EXTENDED BY MAX ARNOLD & SONS, LLC. TO APPLICANT SHALL BE DUE IN FULL IN ACCORDANCE WITH DUE DATE BASED ON AGREED TO TERMS. I OR WE INDIVIDUALLY, JOINTLY AND SEVERALLY GUARANTEE FULL AND COMPLETE PAYMENT OF THE ACCOUNT INCLUDING A SERVICE CHARGE OF TWO PERCENT (2%) PER MONTH ON ALL PAST DUE INVOICES.

IF AFTER DELINQUENCY, APPLICANTS ACCOUNT IS REFERRED TO AN ATTORNEY FOR COLLECTION, APPLICANT AGREES TO PAY REASONABLE CHARGES INCURRED BY MAX ARNOLD & SONS, LLC. INCLUDING REASONABLE ATTORNEY FEES AND COURT COSTS.

*NOTICE TO APPLICANT: **DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT.** YOU ARE ENTITLED TO A COPY OF THIS SIGNED AGREEMENT UPON REQUEST.*

SIGNED: _____ **Title:** _____ **DATE** _____

Official Use Only: Credit submitted by: _____

Comments/Recommendations: _____

Credit Approved: Yes ___ No ___ Account # _____ Credit Limit _____ Terms _____

Approved By: _____ Date: _____ Credit Rating _____