

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 INFORMATION

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: _____

BUSINESS DESCRIPTION

Corporation Partnership Proprietorship LLC LP Individual Government Other _____

OFFICER(S), SHAREHOLDER(S), PARTNER(S), PROPRIETOR/OWNER, MEMBER INFORMATION

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.

CREDIT REFERENCES

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)**

AMOUNT OF CREDIT REQUESTED

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.)

GENERAL TERMS AND CONDITIONS

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

PERSONAL GUARANTY

**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: _____	