



# MAX ARNOLD & SONS, LLC

702 North Main Street, P.O. Box 568 - Hopkinsville KY 42241-0568  
Phone 270-885-8488 Fax 270-887-6393

## CREDIT APPLICATION

**Credit will not be extended until this Credit Application is completed, verified and approved. This application must be filled out in its entirety to be considered for the credit approval process.**

### APPLICANT INFORMATION

Applicant's Full Legal Name: \_\_\_\_\_

Assumed Name d/b/a: \_\_\_\_\_

Business Description:  Corporation  Partnership  LLC  LP  Individual  Govt  Other

Street Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different from above) Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID: \_\_\_\_\_ (OR) Social Security: \_\_\_\_\_

Dunn & Bradstreet Number \_\_\_\_\_ Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Payment Responsibility / Contact Person: \_\_\_\_\_

#### Tax Status:

Sales Tax Exempt: YES \_\_\_ NO \_\_\_ State Number \_\_\_\_\_

Federal Excise Tax Exempt: YES \_\_\_ NO \_\_\_ State Number \_\_\_\_\_

Road or State Excise Tax Exempt: YES \_\_\_ NO \_\_\_ State Number \_\_\_\_\_

Delivery Location(s): Provide physical address(es) on addendum. (Street Address, City, State, Zip, & County)

### Attach a copy of your Tax Exempt Certificate(s)

**We CAN NOT exempt you from taxes unless we have your Tax Exempt Certificates on file.**

#### Please check type of purchases you will be making:

_____ Gasoline	_____ Bulk Oil	_____ Package Oil
_____ Diesel Clear (Road)	_____ Kerosene	_____ Mineral Spirits
_____ Diesel Dyed (Construction)	_____ Kerosene (Road Use)	_____ Methanol
_____ Diesel Dyed (Farm)	_____ Kerosene (Farm)	
_____ Diesel Dyed (Home Heat)	_____ Kerosene (Home Heat)	
_____ Diesel Dyed (Commercial Heat)	_____ Kerosene (Commercial Heat)	

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

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\*\*\*\*If additional space is required, attach addendum.

### CREDIT REFERENCES

Primary Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Bank Fax: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

#### Trade References:

1) Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_

**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 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 inquires 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, and any and all accounts, debts, or 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) form the due date. Further, in the event of default, Applicant agrees to pay costs and expenses incurred in the collection of the account, including with 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 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 with 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, and 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 of 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 business 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

Max Arnold & Sons, LLC  
702 North Main Street  
P.O. Box 568  
Hopkinsville, KY 42241-0568  
PHONE 270-885-8488 FAX 270-885-4444

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

NAME OR COMPANY NAME \_\_\_\_\_ FEDERAL ID # OR INDIVIDUAL SSN # \_\_\_\_\_  
(Please Print)

I (We) hereby authorize Max Arnold & 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 # \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED  \_\_\_\_\_

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 SERVICED CHARGED A FEE OF \$50.00 TO COVER EXTRA CHARGED MADE BY THE BANK AND EXTRA PROCESSING REQUIRED BY US. REPEAT OFFENDERS MAY LOOSE THE PRIVILEGE OF CHARGING AT MAX ARNOLD & SONS, LLC.

**Please Mail Completed Application, Delivery Address Addendum, And All Exemption Certificates To:**

**MAX ARNOLD & SONS, LLC  
ATTN: ACCOUNTS RECEIVABLE  
P.O. BOX 568  
HOPKINSVILLE KY 42241-0568**

**Or You May Fax All Information To: 1-270-887-6393**