



2330 Hwy 70 - P.O. Box 686
Donaldsonville, LA 70346
Ph. (225) 473-8389 - Fax (225) 473-8458

CONFIDENTIAL CREDIT APPLICATION
MUST BE COMPLETED IN IT ENTIRETY AND SIGNED

NAME PHONE () -

ADDRESS FAX NO. () -

CITY, STATE, ZIP

SHIPPING ADDRESS (include City, State, Zip)

COUNTY INSIDE CITY LIMITS YES NO

SECTION A

LEGAL STRUCTURE: CORPORATION PARTNERSHIP PROPRIETORSHIP

If a Corporation please list the three major stockholders and officers of the Corporation. If a Partnership or Proprietorship please list the name, address, and Social Security Number of all owners.

Name/Title

Social Security Number

ARE YOUR PURCHASES TAX EXEMPT? NO YES If so, please attach tax-exempt certificate. State Law requires us to have a Tax-Exempt Certificate on file. TAX MUST BE CHARGED UNTIL WE RECEIVE THE PROPER FORM.

FEDERAL I.D. NUMBER: IN BUSINESS SINCE:

A/R CONTACT: SALES CONTACT:

PURCHASE ORDER REQUIRED? YES NO CREDIT LIMIT REQUESTED:

PERSON WHO CAN AUTHORIZE PURCHASES?

TYPE OF BUSINESS: (Mark appropriate category)

FLEET REPAIR RESALE OTHER
OF TRUCKS AUTO AUTO
OF TRAILERS TRUCK TRUCK
TRAILER TRAILER

JOB SITE LOCATION:

SECTION B

BANK REFERENCE:

NAME:

ADDRESS:

PHONE NO. () - CONTACT:

FAX NO. () -

TRADE REFERENCES: (excluding financial institutions, credit cards, or department stores.)

1. NAME _____ PHONE NO. () - _____
CITY/STATE _____ FAX NO. () - _____

2. NAME _____ PHONE NO. () - _____
CITY/STATE _____ FAX NO. () - _____

3. NAME _____ PHONE NO. () - _____
CITY/STATE _____ FAX NO. () - _____

CREDIT TERMS AND AGREEMENT

Our terms are **NET 10 EFT**. On the 25th of each month, a statement will be prepared and mailed to you listing all unpaid invoices as of the close of business for that month. Any part of a statement balance not paid within terms will be considered PAST DUE and may be charged a one and one-half (1 1/2%) Service Charge (annual percentage rate of 18%) on the past due balance.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at any time, and should your unpaid balance exceed this limit, you will be required to make a payment on your account prior to the due date or accept purchases on a "CASH DELIVERY" basis until such time as your balance is reduced to within your credit limit. Richard Oil and Fuel, LLC reserves the right to discontinue "CHARGE" shipments should your account become past due; if there is an ownership or name change; in the event of bankruptcy; or at any time Richard Oil and Fuel, LLC, for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete investigation by Richard Oil and Fuel, LLC and understands that Richard Oil and Fuel, LLC will not process a "CHARGE" order until a signed and completed credit application has been submitted and approved.

Should it become necessary to place this account in the hands of an attorney for collection, applicant agrees to pay attorney's fees and all costs of collection. This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between Richard Oil and Fuel, LLC and the Applicant.

I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE TO BE BOUND BY THEM IN ALL ASPECTS.

This _____ **day of** _____, **20** _____ **.**

SIGNATURE: _____

NAME: _____ **TITLE:** _____

In consideration of the extension of credit privileges, I (we) hereby grant to Richard Oil and Fuel, LLC a continuing guaranty of payment of this account and agree to personally guarantee payment of all indebtedness, including interest, collection costs, attorney's fees, and expenses as stated above.

Signature

Signature

Type or Print Signature

Type or Print Signature

FOR OFFICE USE ONLY:

CUSTOMER NAME _____

DATE APPLICATION APPROVED _____

APPROVED BY _____

FINANCE CHARGE RATE _____

SALES TERMS _____

BILL ON _____ GROSS _____ NET

STATEMENT CYCLE ____ NO STATEMENT (0) ____ BALANCE FORWARD (01)
____ EMPLOYEE (05) ____ CARDLOCK MONTHLY (06)
____ CARDLOCK ST. JAMES SUGAR CO-OP (07)
____ CARDLOCK LULA/WESTFIELD (08)

ACCOUNT STATUS ____ OPEN ITEM (O) ____ BALANCE FORWARD (BF)

CREDIT LIMIT _____

ACCOUNT SET UP IN A/R BY: FACTOR _____

PDI _____

CFN _____