

UTD

United Treating & Distribution, LLC

338D E, Washington Ave
Muscle Shoals, AL 35661
Phone : (256) 248-0944
Fax: (256) 386-5244

Application and Contract for Credit

New Account _____ Revision _____ Date _____

Company Name _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____ How long in business? _____

Description of Business _____

Parent Company _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Full Name of Officers, Partners or Proprietors

_____ Title _____

_____ Title _____

_____ Title _____

GENERAL INFORMATION

Estimated Monthly Credit Line Desired \$ _____

Purchase Orders Required? Yes ___ No ___ Job Name Required? Yes ___ No ___

State Sales Tax Exemption Number _____ **(Note: Copy Must be Attached)**

Federal Tax I.D. Number _____

Social Security Number _____

TRADE CREDIT REFERENCES

NAME	ADDRESS	PHONE # AND FAX#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK INFORMATION

Name of Bank _____ City _____ State _____

Account Number _____ How Long Established? _____

Bank Phone # _____ Bank Fax # _____

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PROVISIONS OF APPLICATION AND CONTRACT

In consideration of open account credit terms with creditor, applicant agrees to all terms and conditions as set forth within these provisions. This application and information contained herein is a request for the extension of credit for commercial business use only. The undersigned certifies the applicant he/she represents is doing business as a Corporation _____, Partnership _____, or Sole Proprietorship _____. If applicant is a Partnership or Sole Proprietorship, it is requirement of this contract that applicant notify creditor in letter form by certified mail should applicant incorporate. Any other form of communication will not constitute a valid notification and applicant waives all rights thereto.

The applicant authorizes creditor to obtain written or oral credit report from any credit reporting agency. The applicant authorizes any bank or commercial business with whom the applicant has current or inactive experience to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should creditor upon such investigation deem it necessary to limit or terminate the credit arrangement with applicant, said applicant will be notified in writing along with creditors' terms of sale. Should applicant deviate from the creditors' terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

In the event this account becomes delinquent and is placed for collection, applicant agrees to reimburse, indemnify and pay seller all reasonable cost, expenses and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and/or an attorney.

Applicant's Signature

Date

PERSONAL GUARANTEE

For value received, I/we personally guarantee the account of the above named applicant to creditor, in the event said account should become delinquent and be placed for collection. I/we further guarantee to reimburse, indemnify and pay seller all reasonable cost, expenses and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and/or attorney.

Signature _____ Date _____

Signature _____ Date _____

SALES AND USE TAX BLANKET CERTIFICATE OF EXEMPTION

This is to certify that all material, merchandise, or goods purchased by the undersigned from United Treating & Distribution, LLC on and after this date is purchased for the following purposes:

- Resale or rental as tangible personal property.
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
- To be exported for sale, use, or consumption outside the continental limits of the United States.
- Other:

This certificate is to continue in force until revoked by written notice to us.

PURCHASER _____

ADDRESS _____

CITY, STATE, ZIP _____

BY _____ TITLE _____

STATE _____

DATE _____

SALES AND USE TAX EXEMPTION CERTIFICATE NO. _____