

L.V. Hiers Inc

APPLICATION FOR CREDIT

In order to secure credit, we the undersigned make the following representations:

LEGAL NAME _____ D.B.A. _____

BILLING ADDRESS _____
STREET CITY COUNTY STATE ZIP

BUYER NAME _____ TEL _____ FAX _____ EMAIL _____

A/P NAME _____ TEL _____ FAX _____ EMAIL _____

SHIPPING ADDRESS _____
STREET CITY COUNTY STATE ZIP

DELIVERY CONTACT _____ PHONE _____

FEIN _____ Type of Entity: Proprietorship[] Partnership[] Corporation[] LLC[] LLP[]

D.E.P. FACILITY ID # (Sites with tanks >550 gals are required to be registered with the FL D.E.P.) _____

Date Established _____ Yrs in present location _____ Own _____ Rent _____ # of employees _____ Est. annual sales \$ _____

CHECK APPLICABLE BOXES: RESALE? [] ST/LOCAL GOV'T? [] USED IN MANUFACTURING? [] LICENSED FUEL WHOLESALER? [] OFF-ROAD AGRICULTURAL USE? [] BUNKERING VESSELS ENGAGED IN INTERSTATE/FOREGIN TRADE? [] NO SALES TAX ON DYED DSL? [] EXPORT? []

EST. MONTHLY PURCHASES : FUEL GAL: _____ LUBE GAL: _____ MONTHLY CREDIT REQUESTED:\$ _____

COMPANY OWNERS/OFFICERS

Name	Home Address	SSN	Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____

BANK REFERENCE

BANK NAME _____ ACCOUNT NUMBER _____
(Required by Bank Policy and RMA Code of Ethics)

ADDRESS _____
STREET CITY STATE ZIP

CONTACT _____ TITLE _____

PHONE _____ FAX _____ EMAIL _____

TRADE REFERENCES

COMPANY NAME _____	COMPANY NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____
COMPANY NAME _____	COMPANY NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____

In consideration of extending credit to the above mentioned company, we, the undersigned, jointly and individually guarantee payment of all goods and/or services purchased from LV Hiers Inc and/or any of their subsidiaries or divisions, including those purchase made with special arrangements and/or supported by promissory notes. The undersigned also guarantees payments of all late charges, attorney fees, and collection costs imposed or incurred by LV Hiers Inc (whether or not a legal action is filed) as a result of payments not being timely made. Venue shall be at the discretion of and this agreement and all relations between the parties shall be governed by Florida Law, excluding its conflicts of laws principles. This guarantee is absolute, unconditional, direct, and primary. By signing below, I certify that I am an officer of the company and authorized to represent the company and bind it to this credit agreement. **OUR TERMS ARE NET 10 DAYS FOR FUEL, NET 20 DAYS, NET 30 DAYS OR AS OTHERWISE SPECIFIED, FOR NON-FUEL. IT IS UNDERSTOOD THAT SHOULD THE BALANCE DUE BECOME PAST DUE, SAID BALANCE WILL ACCRUE LATE CHARGES AT THE RATE OF 1.5% PER MONTH, OR THE HIGHEST RATE PERMISSIBLE BY LAW, UNTIL PAID IN FULL.**

OWNER/OFFICER SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

WITNESS SIGNATURE _____ NAME _____

Please answer **ALL** questions. An incomplete application will result in a delay in processing. Thank you.
MAIL ORIGINAL SIGNED APPLICATION TO OUR WINTER HAVEN OFFICE, FAX A COPY TO 904-259-4518 TO EXPEDITE

Completed by Office: Type of Business _____	Salesperson _____	PL _____
Approved by: _____	Date: _____	Cr. Limit: _____ Terms _____