



1978 HOOD BLVD STE. 100
HATTIESBURG, MS 39401

BRANCH _____
SALESMAN # _____

TEL: (601) 264-2962
FAX: (601) 296-4792
hoodar@hoodindustries.com

CREDIT APPLICATION & CUSTOMER INFORMATION

INCOMPLETE INFORMATION WILL CAUSE DELAYS... PLEASE COMPLETE IN FULL

NAME: _____ PHONE _____
(AS REGISTERED WITH STATE DEPT. OF TAXATION) FAX _____

MAILING ADDRESS: _____
ADDRESS (STREET OR PO BOX) CITY STATE ZIP

SHIPPING ADDRESS: _____
ADDRESS (STREET OR PO BOX) CITY STATE ZIP

LINE OF BUSINESS: _____ YEAR BUSINESS ESTABLISHED: _____

LINE OF CREDIT REQUESTED: \$ _____ SALES TAX EXEMPTION # _____
(PLEASE FURNISH CERTIFICATE)

FEDERAL ID# (EIN): _____ EMAIL: _____
(TO RECEIVE STATEMENTS & INVOICES)

OWNERSHIP: CORPORATION PARTNERSHIP PROPRIETOR LLC

PRESIDENT, PARTNER, OR OWNER HOME PHONE

RESIDENCE ADDRESS

PRESIDENT, PARTNER, OR OWNER HOME PHONE

RESIDENCE ADDRESS

TRADE REFERENCES: INCOMPLETE INFORMATION WILL CAUSE DELAYS AND/OR DENIAL.

SUPPLIER PHONE EMAIL OR FAX

SUPPLIER PHONE EMAIL OR FAX

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BANK:

NAME PHONE BANKER NAME BANKER EMAIL

ADDRESS (STREET OR PO BOX) CHECKING ACCOUNT #

CITY STATE ZIP LOAN ACCOUNT #

OTHER CONTACT INFORMATION:

ACCOUNTS PAYABLE

TITLE NAME EMAIL

PURCHASING

TITLE NAME EMAIL

TITLE (OTHER CONTACT) NAME EMAIL

PLEASE PROVIDE A NAME AND EMAIL WE CAN CONTACT FOR MARKETING PURPOSES:

NAME EMAIL

TERMS AND SIGNATURE

I/ We, hereby authorize the above bank to disclose any and all information needed for the completion of this Credit Application to Hood Distribution. **NOTE: THE "BANK AUTHORIZATION" IS NECESSARY IN ORDER FOR US TO OBTAIN THE PERTINENT INFORMATION FROM YOUR BANK.**

"UPON ACCEPTANCE OF YOUR APPLICATION FOR CREDIT AND UPON OUR SHIPPING OF GOODS TO YOU UPON CREDIT TERMS, YOU AGREE TO BE BOUND BY THE TERMS OF THE INVOICE OR STATEMENT, AND FURTHERMORE, THAT IN THE EVENT THAT HOOD DISTRIBUTION IS REQUIRED TO TAKE LEGAL ACTION IN ORDER TO RECOVER ANY MONIES THAT MAY BE DUE UNDER THIS EXTENSION OF CREDIT, YOU AGREE THAT IT SHALL BE ENTITLED TO RECOVER ALL COST AND FEES INCURRED THEREIN, INCLUDING A REASONABLE ATTORNEY'S FEE AT BOTH THE TRIAL AND APPELLATE LEVELS. PAST DUE BALANCES ARE SUBJECT TO A 1.5% PER MONTH SERVICE CHARGE. THIS IS AN APR OF 18%. THIS AGREEMENT SHALL BE DEEMED TO BE A CONTRACT UNDER THE LAWS OF THE STATE OF MISSISSIPPI, AND FOR ALL PURPOSES SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF SAID STATE.

YOUR SIGNATURE ACKNOWLEDGES THE REQUEST FOR EXTENSION OF CREDIT ON THE ABOVE TERMS AND CONDITIONS AND SIGNIFIES YOUR AGREEMENT TO SUCH. BY MY/OUR SIGNATURE(S), I/WE HEREBY AUTHORIZE AND GIVE PERMISSION TO HOOD DISTRIBUTION TO RUN FULL INVESTIGATION OF MY/OUR CREDIT HISTORY, INCLUDING, BUT NOT LIMITED TO, OBTAINING A CONSUMER REPORT.

NAME (PRINT) SIGNATURE (WET SIGNED) DATE TITLE

PLEASE FURNISH BALANCE SHEET AND INCOME STATEMENT

HOOD DISTRIBUTION, INC STANDARD GUARANTEE

TO INDUCE HOOD DISTRIBUTION, A DIVISION OF HOOD INDUSTRIES TO SELL MERCHANDISE AND EXTEND CREDIT TO _____, THE UNDERSIGNED HEREBY JOINTLY AND SEVERALLY GUARANTEE THE PAYMENT OF ANY INDEBTEDNESS IN AN AMOUNT NOT TO EXCEED \$ _____ WHICH MAY AT ANY TIME AND FROM TIME TO TIME BE INCURRED BY SAID CORPORATION TO HOOD DISTRIBUTION: AND IN THE EVENT OF ANY DEFAULT AT ANY TIME BY SAID CORPORATION HOOD DISTRIBUTION SHALL BE ENTITLED TO LOOK TO US IMMEDIATELY FOR SUCH PAYMENT, WITHOUT PRIOR DEMAND OR NOTICE.

THIS GUARANTEE SHALL CONTINUE IN FULL FORCE AND EFFECTIVE UNTIL _____, OR SUCH TIME AS HOOD DISTRIBUTION SHALL RECEIVE WRITTEN NOTICE VIA REGISTERED MAIL OR REVOCATION OF THIS GUARANTEE. SUCH NOTICE OF REVOCATION SHALL BE INEFFECTIVE AS TO ANY EXISTING INDEBTEDNESS OR AS TO ANY TRANSACTION OR COMMITMENT PREVIOUSLY UNDERTAKEN BY HOOD DISTRIBUTION BEFORE HOOD DISTRIBUTION IS IN RECEIPT OF SUCH WRITTEN NOTICE OF REVOCATION.

DATED THIS _____ DAY OF _____ 20_____.

(Individually)
Signature

Print

(Individually)
Signature

STATE OF _____)

Print

COUNTY OF _____)

ON THIS _____ DAY OF _____, 20_____, BEFORE ME THE UNDERSIGNED, A NOTARY PUBLIC FOR THE STATE OF _____, PERSONALLY APPEARED _____ AND, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT SAID PERSON EXECUTED THE SAME.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY SEAL THE DAY AND YEAR FIRST ABOVE WRITTEN.

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION

PLEASE FURNISH BALANCE SHEET AND INCOME STATEMENT.