



**243 CR 414 JONESBORO, AR 72404 PH: 870-933-6457 FAX: 870-933-0446**

Account Opening/Credit Approved By: \_\_\_\_\_

Pmt.Terms (net30 & fuel-net10) or COD: \_\_\_\_\_

**REQUESTED CREDIT AMOUNT:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Federal Tax ID #** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Circle One: Fuel Lube Both TANK SIZE:**

**Ship To Address:** \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_

**Accounts Payable Contact:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Fax Number:** \_\_\_\_\_

**Is Delivery Address inside City Limits?** \_\_\_\_\_

**What City is Delivery to?** \_\_\_\_\_

**What County is Delivery to?** \_\_\_\_\_

**Salesman /Code** \_\_\_\_\_

**Does Cust Pay Sales Tax?** \_\_\_\_\_

(If No, Attach Exemption form)

**Sales Tax Exemption number:** \_\_\_\_\_

**Please provide a copy of your tax exemption certificate, otherwise it is assumed that all sales are taxable.**

**Owner's Social Security #** \_\_\_\_\_

**Does Customer have a Blanket PO number ?** \_\_\_\_\_

**Does Customer want Invoices Faxed or Emailed?** \_\_\_\_\_

**Email address or FAX #** \_\_\_\_\_

**Special Shipping Instructions:** \_\_\_\_\_

**\*Receiving Hours** \_\_\_\_\_

Are you a Federal Government or Agency?\_\_\_\_ State Government or Agency?\_\_\_\_

Type of Organization: \_\_\_\_\_Corporation \_\_\_\_\_LLC \_\_\_\_\_Individual \_\_\_\_\_Proprietorship  
\_\_\_\_\_Federal Government \_\_\_\_\_State Government \_\_\_\_\_Partnership

If proprietorship, give name of owner. If partnership, list names of all partners. If corporation, list names of the officers: President, Treasurer, Controller.

NAME	TITLE	ADDRESS	PHONE

Bank References: Please list banks with which you currently are doing business.

1.) Bank \_\_\_\_\_Phone\_\_\_\_\_

Address, City, State \_\_\_\_\_

Contact \_\_\_\_\_Phone\_\_\_\_\_

2.) Bank \_\_\_\_\_Phone\_\_\_\_\_

Address, City, State \_\_\_\_\_

Contact \_\_\_\_\_Phone\_\_\_\_\_

In order to receive the best prices possible, I wish to join the MSS Preferred Customer Program and pay all my invoices when due by ACH Bank draft.

Preferred Customer? Yes\_\_\_\_\_ NO\_\_\_\_\_

If yes, the ACH bank form will be sent to you for completion.

**Trade References: Please list those firms with which you have done business for more than one year.**

1.) Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State \_\_\_\_\_

2.) Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State \_\_\_\_\_

3.) Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State \_\_\_\_\_

<b>The owners, officers, members, managers, shareholders, and/or partners herewith acknowledge and assume personal responsibility for debts incurred in the name of the Company.</b>			
_____ Signature		_____ Signature	
_____ Date		_____ Date	
_____ Signature		_____ Signature	
_____ Date		_____ Date	

I understand Mid-South Sales payment terms are: Invoices on the purchase of all Fuel products are to be paid no later than 10 days from the date of delivery, Invoices on the purchase of all Non-Fuel Products are to be paid no later than 30 days from the date of delivery. In the event it becomes necessary for Mid-South Sales to enforce payment of any Debt incurred in the name of the Company, it shall be entitled to all costs of collection including, without limitation, court costs, attorney fees, collection fees, and interest at the rate of 1.5% per month, or the lesser of the maximum amount allowed by law on all amounts due and payable. (We reserve the right to change your credit limit or any terms at our discretion.)

I have read, understand, and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy of this Agreement for my records. I further authorize Mid-South Sales to request credit information from the above listed companies.

**BY:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Please note that we expect payment in accordance within our 10 day terms for the purchase of all Fuel Products and 30 day Terms for the purchase of all Non-Fuel Products.\*