



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: _____

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

Delivery 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? _____

MSS 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.

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 |
|-------|-------|---------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Dunn & Bradstreet Number _____
Owner's Social Security Number _____

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 _____

| | | | |
|--|------------|-----------------|------------|
| The owners, officers, members, managers, shareholders, and/or partners herewith acknowledge and assume personal responsibility for debts incurred in the name of the Company. | | | |
| Signature _____ | Date _____ | Signature _____ | Date _____ |
| Signature _____ | Date _____ | Signature _____ | 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 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.) In addition to the foregoing, Mid-South Sales, in its sole discretion, reserves the right to suspend performance and/or discontinue shipments, without prejudice to any other lawful remedy, until past due payments are made and satisfactory assurances of future payments are received by Mid-South Sales.

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.

Print Name _____

X _____ Title _____ Date _____
 Customer Signature

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.

AUTHORIZATION FOR ACH

CONSUMER NAME _____

I(We) hereby authorize Mid South Sales, LLC, hereinafter called COMPANY, to initiate credit and/or debit entries to my (our) ___Checking ___ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NO. _____

ACCOUNT NO _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(PLEASE PRINT)

NAME _____
(PLEASE PRINT)

DATE _____

SIGNED X _____

SIGNED X _____

EMAIL ADDRESSES _____
(TO SEND ACH NOTICES TO)

PLEASE ATTACH VOIDED CHECK TO THIS FORM