## HAGAN & STONE WHOLESALE, INC.

# P.O. BOX 158 1387 NORTH MAIN STREET TOMPKINSVILLE, KY 42167

### ACCOUNT UPDATE September 2003

We are in the process of updating our customer records. Please complete the form below and return it to us by fax or mail at the address or fax number listed above. Please return the information as soon as possible to insure accurate records and efficient service. Thank you in advance for your prompt response.

Company Name:	
Mailing Address:	
1744111	
Buyer Name:	
Buyer Phone:	
Buyer Fax:	
Buyer E-mail:	
Acct. Payable Contact:	
A/P Phone:	
A/P Fax:	
A/P E-mail:	
Shipping Address:	

## Hagan & Stone Wholesale, Inc.

P.O. Box 158 Tompkinsville, KY 42167 Phone: 270-487-6138 Fax: 270-487-9124

## **Credit Application and Agreement**

Legal Name		Proprietorship () Partnership () Corporation () Limited Partnership () Limited Liability Co. () Other ()
Phone	Fax	Social Security/FEIN No
Address		Taxable ( ) Non-Taxable ( ) [Retail Sales Tax Exemption Certified – Please
City	State	
Zip Code		Nature of Business
Billing Address		Date Business Established
City	State	<u> </u>
Zip Code		
	Ownership and M	anagement Information
Name		Title
	Bank	x Reference
Institution Name		Contact
Address		Phone
	Trade	References
Name		Name
City	State	CityState
Phone	Fax	Phone Fax

Name		Name	
City	State	City	State
Phone	Fax	Phone	Fax
information th	<u> </u>	lso authorize any d	
 Signature	Title		Date

### HAGAN & STONE WHOLESALE, INC.

# P.O. BOX 158 1387 NORTH MAIN STREET TOMPKINSVILLE, KY 42167

USA: 800-467-1638 PHONE: 270-487-6138 FAX: 270-487-9124



E-MAIL: apoland@haganandstone.com KY TOLL FREE: 800-862-0289 USA EXCEPT KY: 800-626-0202

#### **General Provisions**

I/We submit for Hagan & Stone Wholesale, Inc. Credit Department consideration the information requested to establish a credit account with Hagan & Stone and understand, consent, and contract that each invoice submitted and all sales are subject to the following conditions:

- 1. By state law, no material can be sold by Hagan & Stone on a tax-exempt basis until a properly completed sales tax exemption certificate is received.
- 2. I agree to make payment to Hagan & Stone according to the payment terms that appear on each invoice.
- 3. I understand that interest accrues against my past due account at a rate of 1.5% per month (18% per annum) or the highest legal rate permitted by state law.
- 4. In the event that the account is turned over to an attorney or other agency for collection or suit is brought against me, I agree to pay all reasonable attorney fees and court costs incurred by Hagan & Stone.

	By
Business Name (Corp., Sole Proprietor, Partnership)	<b>Applicant's Signature and Title</b>
	By
Business Name (Corp., Sole Proprietor, Partnership)	Applicant's Signature and Title

#### **Guaranty Agreement**

In consideration of the extension of credit by Hagan & Stone, the undersigned does hereby unconditionally guarantee payment of whatever amount the applicant company named above or any of its related entities shall at any time be owing for an account of goods and materials hereafter delivered, furnished, or supplied, whether said indebtedness is in the form of notes, bills, or open account. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of the indebtedness or extensions granted by Hagan & Stone and shall remain in full force until expressly revoked by written notice from Hagan & Stone to you. The undersigned guarantor further agrees to pay all expenses, including court costs, attorney fees paid or incurred by Hagan & Stone in collection of all amounts owed to them.

This guaranty shall be continuing, absolute, and an unconditional guaranty and shall be enforceable by Hagan & Stone.

The liability of the undersigned guarantor(s) shall be joint and several. Payment from the guarantor of monies due and owing as a result of this guaranty agreement shall be due upon demand by Hagan & Stone.

Name (Please Print)	Signature (Personally and as an Individual)	Date	
Name (Please Print)	Signature (Personally and as an Individual)	Date	

## **RESALE CERTIFICATE**

Important-Certificate not	Blanket
valid unless completed.	Single Purchase
I hereby certify that	
	Address
Sales and Use Tax Permit, Account No, issued p	pursuant to the sales and use tax law
and is engaged in the business of selling, leasing or renting, industri	al processing or manufacturing the
following:	
ionowing.	<u> </u>
I further certify that the tangible personal property described herein	which I shall purchase from
Name of Seller	Address
will be resold in the regular course of business, or leased or rented, a	
28:051, or used, as provided in KRS 139.470(11), in the manufactur	
personal property which will be resold. In the even that any propert	
used for any purpose other than retention, demonstration or display	while holding it for sale, lease or rental
in the regular course of business, it is understood that I am required	by law to report and pay the tax
measured by the purchase price of such property. Description of pro	
incasured by the parenase price of such property. Description of pro-	operty to be purchased.
Under penalties of perjury, I swear or affirm that the information on	this cartificate is true and correct as to
	tims certificate is true and correct as to
every material matter.	
Authorized Signature (Owner, Partner, or Corporate Officer)	Title
Tamorina digitation (O'mer) turinor, or Corporate Officer)	1100
	Date

**CAUTION TO SELLER:** Contractors or other persons registered under a consumer number in the 900,000 series may not issue a resale certificate for any purchase. Sellers accepting certificates from such persons will be held liable for the sales or use tax.

**NOTE:** Any person who makes improper use of this certificate is subject to such penalties as provided by law including the criminal provisions of KRS 139.990(1).

51A105 (9.90)



Revenue Cabinet Frankfort, Kentucky 40620

Check applicable box.

## HAGAN & STONE WHOLESALE, INC.

# P.O. BOX 158 1387 NORTH MAIN STREET TOMPKINSVILLE, KY 42167

### **FAX CONSENT FORM**

### FOR COMPANY/ORGANIZATION CONSENT

Company/organization name for which con	nsent is being provided:
Name of person authorized to provide such	n consent:
Fax number(s) for which consent is being provided:	
receive faxes sent by or on behalf of the compa	above, on behalf of the company/organization to any/organization specified above, I am authorized zation to receive faxes sent on behalf of Hagan &
Signature	Date
FOR INDIVIDUAL CONSENT	
Name of person providing consent:	
Fax number(s) for which consent is being	provided:
I understand that providing the fax number(s) on behalf of Hagan & Stone.	above, I hereby consent to receive faxes sent by or
Signature	Date