

CREDIT APPLICATION

LEO O'LAUGHLIN, INC.

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PLEASE COMPLETE THE FOLLOWING INFORMATION. THE INFORMATION RECEIVED WILL REMAIN CONFIDENTIAL AND WILL BE USED SOLELY FOR THE PURPOSE OF DETERMINING CREDIT ELIGIBILITY. IF YOU ARE DENIED CREDIT, YOU WILL BE NOTIFIED IN WRITING OF THE REASON.

DATE _____

NAME _____ SS# _____ DOB _____

SPOUSE _____ SS# _____ DOB _____

STREET _____ CITY _____ ST _____ ZIP _____

INDIVIDUAL'S PLACE OF EMPLOYMENT _____

WORK PHONE # _____ HOME PHONE # _____

BUSINESS NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____

IF YOUR BUSINESS IS TAX EXEMPT, PLEASE LIST SALES TAX EXEMPT # _____

WILL YOU NEED SEPARATE LISTING BY JOB? _____

CHECK ONE _____ CORPORATION _____ PARTNERSHIP _____ SOLE OWNER

SIGNATURE OF APPLICANT _____

SIGNATURE OF CO-APPLICANT, PARTNER, OR OFFICER _____

BY SIGNING THIS APPLICATION, YOU AUTHORIZE US TO CHECK YOUR CREDIT HISTORY.

PLEASE LIST 4 CREDIT REFERENCES WITH PHONE NUMBER AND FAX NUMBERS

FIRST REF _____

SECOND REF _____

THIRD REF _____

FOURTH REF _____

TERMS OF PAYMENT

FULL PAYMENT IS DUE BY THE 10TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE PURCHASE IS MADE. ANY REMITTANCE RECEIVED AFTER THE FIFTEENTH OF THE MONTH IS CONSIDERED PAST DUE. FINANCE CHARGE OF 1.5% PER MONTH (18% PER YEAR) ON ALL ACCOUNTS PAST DUE OR \$1.00 MINIMUM. IF ACCOUNT BECOMES MORE THAN 60 DAYS DELINQUENT, REASONABLE COLLECTION CHARGES WILL BE ADDED TO YOUR ACCOUNT. ATTORNEY FEES WILL ALSO BE ADDED WHEN WE ARE REQUIRED TO OBTAIN AN ATTORNEY TO SETTLE YOUR ACCOUNT.

YOUR SIGNATURE (IF APPLYING ON BEHALF OF A BUSINESS) REPRESENTS A PERSONAL GUARANTEE OF PAYMENT.