

**CREDIT APPLICATION**  
**LEO O'LAUGHLIN, INC.**  
**P. O. BOX 197**  
**SHELBYNA, MO 63468**  
**PHONE: 573-588-4151**  
**FAX: 573-588-4153**

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 10<sup>TH</sup> 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.