

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

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: _____

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.

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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 ()
City _____ State _____ [Retail Sales Tax Exemption Certified – Please
attach sales tax exemption certificate.]

Zip Code _____ Nature of Business _____

Billing Address _____ Date Business Established _____

City _____ State _____

Zip Code _____

Ownership and Management Information

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Bank Reference

Institution Name _____ Contact _____

Address _____ Phone _____

Trade References

Name _____ Name _____

City _____ State _____ City _____ State _____

Phone _____ Fax _____ Phone _____ Fax _____

Name _____ Name _____

City _____ State _____ City _____ State _____

Phone _____ Fax _____ Phone _____ Fax _____

I hereby verify all statements to be true and I authorize you to obtain such information that you may require. I also authorize any of the above references and/or bank to release to you any information which they may have concerning my account with them.

Signature **Title** **Date**

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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.

Business Name (Corp., Sole Proprietor, Partnership)

By _____
Applicant's Signature and Title

Business Name (Corp., Sole Proprietor, Partnership)

By _____
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

BLANKET CERTIFICATE OF RESALE

TO: _____
Vendor

The undersigned hereby certifies that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for

- resale as tangible personal property, or resale of a service subject to tax.
- a component part of an article to be produced for sale by manufacturing, assembling, processing, or refining.
- rental or leasing of tangible personal property.
- use in accordance with the provisions of Rule No. 68. (A copy of the letter must be given to the vendor.)

Indicate the purpose for which the property is bought when no Sales or Use Tax is to be collected.

Sales Tax Registration Number of Purchaser: _____

Name of Dealer: _____

By: _____

Date: _____

Address: _____

WARNING

This certificate must be completed and signed before it is valid.

The vendor must know, within the use of ordinary care, that the merchandise obtained upon this certificate of resale is that normally sold by the vendee in his usual course of business. Vendors failing to exercise such care will be held liable for the Sales Tax due upon such purchases.

Any merchandise obtained upon this resale certificate is subject to the Sales and Use Tax if it is used or consumed by the vendee in any manner, and must be reported and the tax paid thereon direct to the Department of Revenue.

SECTION 67-3041 OF THE "TENNESSEE CODE ANNOTATED" MAKES IT A MISDEMEANOR TO MISUSE A CERTIFICATE OF REGISTRATION WITHOUT PAYING THE SALES AND USE TAXES, AND SUBJECTS THE CERTIFICATE TO REVOCATION.

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FAX CONSENT FORM

FOR COMPANY/ORGANIZATION CONSENT

Company/organization name for which consent is being provided:

Name of person authorized to provide such consent: _____

Fax number(s) for which consent is being provided: _____

I understand that providing the fax number(s) above, on behalf of the company/organization to receive faxes sent by or on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes sent on behalf of Hagan & Stone.

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) above, I hereby consent to receive faxes sent by or on behalf of Hagan & Stone.

Signature

Date