

**SOUTHERN ICE EQUIPMENT DIST. OF ARKANSAS, INC.  
8100 SCOTT HAMILTON DR., STE. A  
LITTLE ROCK, AR 72209  
501-569-9318**

**CREDIT APPLICATION**

**MAIL COMPLETED FORM WITH SALES TAX EXEMPTION CERTIFICATE TO:  
P O BOX 61310, LAFAYETTE, LA 70596-1310**

NAME OF BUSINESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IS BUSINESS? PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

IF PROPRIETORSHIP OR PARTNERSHIP, GIVE SOCIAL SECURITY# \_\_\_\_\_

IF CORPORATION, GIVE CORP. DATE \_\_\_\_\_ STATE \_\_\_\_\_ FED'L ID# \_\_\_\_\_

DATE BUSINESS STARTED \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

PURCHASING EQUIPMENT? \_\_\_\_\_ PARTS? \_\_\_\_\_ BOTH? \_\_\_\_\_

PURCHASE ORDER REQUIRED? \_\_\_\_\_

SALES TAX YOU ARE RESPONSIBLE FOR \_\_\_\_\_% A CERTIFICATE OF EXEMPTION  
MUST BE ATTACHED TO THIS APPLICATION. SALES TAX WILL BE CHARGED ON ALL  
PURCHASES IF NOT INCLUDED.

PERSON TO CONTACT IN REFERENCE TO YOUR ACCOUNT? \_\_\_\_\_

NAMES & TITLES OF OWNERS    HOME ADDRESS                      SOCIAL SECURITY#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS REFERENCES MUST BE COMPLETED TO PROCESS THIS APPLICATION.**

NAME                              COMPLETE ADDRESS                              PHONE /FAX

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (We) understand the information furnished you on this application, as well as the reverse side hereof, is for the purpose of obtaining credit from your firm. That I am (we are) authorized, in my capacity, to bind my (our) firm accordingly. You have my (our) permission to obtain credit information on my (our) company from the listed references.

All accounts or monies due shall be due and payable at your place of business in accordance with due date on the invoice. Applicant agrees to pay all invoices promptly when due and in default of which applicant shall be responsible to pay all costs, expenses and attorney fees which might be incurred in the event the applicant's account is referred to an agency or attorney for collection.

\_\_\_\_\_  
SIGNATURE OF OWNER OR CORPORATION OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

#### **PERSONAL CONTINUING GUARANTY**

For and in consideration of the extension of credit by Southern Ice Equipment Distributors of Arkansas, Inc. ("Southern Ice") to \_\_\_\_\_ (the "Company"), the undersigned, whether one or more, hereby jointly, solidarity and unconditionally bind and obligate themselves to Southern Ice for the payment of any and all indebtedness of whatever kind or nature that may now or hereafter be owed by the Company to Southern Ice. The undersigned waive all notices of the extension of credit by Southern Ice to the Company, and further waive all pleas of division and discussion and all suretyship defenses and agree to pay the full amount of the Company's indebtedness to Southern Ice upon demand.

\_\_\_\_\_  
SIGNATURE OF OWNER OR CORPORATION OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

creditar.doc