

**HOOD DISTRIBUTION
PURCHASE BY CHECK/C.O.D. INFORMATION SHEET**

COMPANY NAME: _____
SHIPPING ADDRESS: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
PHONE: _____ FAX: _____
OWNER OR OFFICER (PRINT): _____
OWNER OR AGENT/DRIVERS LICENSE# _____ STATE _____
OWNER OR AGENT SOCIAL SECURITY# _____

ARE YOUR PURCHASES TAX EXEMPT YES NO
IF YES, YOU MUST ATTACH TAX EXEMPTION CERTIFICATE.

BANK NAME & ADDRESS _____
BANK PHONE: _____ ACCOUNT# _____

BANK AUTHORIZATION: I hereby authorize the above named bank or financial institution to disclose all information necessary to complete this application for check writing purposes only to Hood Distribution. And acknowledge that Hood Distribution's policy of using electronic payment (ACH debits) technology for movements of funds at every available opportunity. In accordance with this policy, checks received by Hood Distribution as payment for goods and/or services provided may be used for payment or used solely for the purpose of capturing the bank routing and account information for the depository financial institution name thereon. Hood Distribution reserves the right to subsequently initiate an ACH debit entry to the payer's checking account. If you desire not to participate with this policy, it is imperative that you inform us in writing at the time of receipt of this application.

AUTHORIZED SIGNATURE: _____

PERSONAL CONTINUING GUARANTY: The undersigned unconditionally guarantees payment of any amounts including interest, NSF check fees, collection fees, attorney's fees, or any other cost incurred pursuant to the above Purchase by Check application. The undersigned waive any disability or defense of applicant or the right to protest, demand, dishonors of any kind this guarantee. This is a continuing guarantee and shall not be revoked except by written notice to Hood Distribution. I understand that by signing this guarantee I am agreeing to personally make good any company or personal check that was issued as a result of this Purchase by Check agreement.

By my signature I hereby authorize and give permission to Hood Distribution to run a full investigation of my credit history, including, but not limited to, obtaining a consumer credit report.

GUARANTOR'S NAME (PRINT) _____ **SSN** _____

SIGNATURE: _____ **DATE** _____

BR# _____ SM# _____ TAX CODE _____

HOOD DISTRIBUTION MCEWEN GROUP
PO BOX 17317
HATTIESBURG, MS 39404-7317
PHONE: 601-264-2962
FAX: 601-296-296-4792

PLEASE ATTACH YOUR RESALE CERTIFICATE.

PLEASE FAX AND MAIL THE ORIGINAL.