



BRANCH \_\_\_\_\_  
SALESMAN # \_\_\_\_\_

1978 HOOD BLVD. STE. 100  
HATTIESBURG, MS 39401

TEL: (601) 264-2962  
FAX: (601) 296-4792  
hoodar@hoodindustries.com

**CREDIT APPLICATION & CUSTOMER INFORMATION**  
**INCOMPLETE INFORMATION WILL CAUSE DELAYS...PLEASE COMPLETE IN FULL**

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
(AS REGISTERED WITH STATE DEPT. OF TAXATION) FAX (\_\_\_\_) \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PHYSICAL ADDRESS OR PO BOX)

SHIPPING ADDRESS: (IF DIFFERENT)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PHYSICAL ADDRESS)  
LINE OF BUSINESS: \_\_\_\_\_ YEAR BUSINESS ESTABLISHED \_\_\_\_\_  
LINE OF CREDIT REQUESTED: \$ \_\_\_\_\_ SALES TAX EXEMPTION # \_\_\_\_\_  
(PLEASE FURNISH CERTIFICATE)

FEDERAL ID # (EIN) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(TO RECEIVE STATEMENTS & INVOICES)

OWNERSHIP: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETOR ☐ LLC

PRESIDENT, PARTNER OR OWNER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

PRESIDENT, PARTNER OR OWNER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

**TRADE REFERENCES: INCOMPLETE INFORMATION WILL CAUSE DELAYS AND/OR DENIAL.**

SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL OR FAX \_\_\_\_\_

SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL OR FAX \_\_\_\_\_

SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL OR FAX \_\_\_\_\_

SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL OR FAX \_\_\_\_\_

**BANK:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ BANKER NAME \_\_\_\_\_ BANKER EMAIL \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_

ADDRESS (STREET OR P.O. BOX) \_\_\_\_\_

LOAN ACCOUNT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**TERMS AND SIGNATURE**

I/We, hereby authorize the above bank to disclose any and all information needed for the completion of this Credit Application to Hood Distribution. **NOTE: THE "BANK AUTHORIZATION" IS NECESSARY IN ORDER FOR US TO OBTAIN THE PERTINENT INFORMATION FROM YOUR BANK.**

"UPON ACCEPTANCE OF YOUR APPLICATION FOR CREDIT AND UPON OUR SHIPPING OF GOODS TO YOU UPON CREDIT TERMS, YOU AGREE TO BE BOUND BY THE TERMS OF THE INVOICE OR STATEMENT, AND FURTHERMORE, THAT IN THE EVENT THAT HOOD DISTRIBUTION IS REQUIRED TO TAKE LEGAL ACTION IN ORDER TO RECOVER ANY MONIES THAT MAY BE DUE UNDER THIS EXTENSION OF CREDIT, YOU AGREE THAT IT SHALL BE ENTITLED TO RECOVER ALL COST AND FEES INCURRED THEREIN, INCLUDING A REASONABLE ATTORNEY'S FEE AT BOTH THE TRIAL AND APPELLATE LEVELS. PAST DUE BALANCES ARE SUBJECT TO A 1.5% PER MONTH SERVICE CHARGE. THIS IS AN APR OF 18%. THIS AGREEMENT SHALL BE DEEMED TO BE A CONTRACT UNDER THE LAWS OF THE STATE OF MISSISSIPPI, AND FOR ALL PURPOSES SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF SAID STATE.

YOUR SIGNATURE ACKNOWLEDGES THE REQUEST FOR EXTENSION OF CREDIT ON THE ABOVE TERMS AND CONDITIONS AND SIGNIFIES YOUR AGREEMENT TO SUCH. BY MY/OUR SIGNATURE(S), I/WE HEREBY AUTHORIZE AND GIVE PERMISSION TO HOOD DISTRIBUTION TO RUN FULL INVESTIGATION OF MY/OUR CREDIT HISTORY, INCLUDING, BUT NOT LIMITED TO, OBTAINING A CONSUMER REPORT.

NAME (PRINT) \_\_\_\_\_ SIGNATURE (WET SIGNED) \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

## HOOD DISTRIBUTION, INC STANDARD GUARANTEE

TO INDUCE HOOD DISTRIBUTION, A DIVISION OF HOOD INDUSTRIES TO SELL MERCHANDISE AND EXTEND CREDIT TO \_\_\_\_\_, THE UNDERSIGNED HEREBY JOINTLY AND SEVERALLY GUARANTEE THE PAYMENT OF ANY INDEBTEDNESS IN AN AMOUNT NOT TO EXCEED \$ \_\_\_\_\_ WHICH MAY AT ANY TIME AND FROM TIME TO TIME BE INCURRED BY SAID CORPORATION TO HOOD DISTRIBUTION: AND IN THE EVENT OF ANY DEFAULT AT ANY TIME BY SAID CORPORATION HOOD DISTRIBUTION SHALL BE ENTITLED TO LOOK TO US IMMEDIATELY FOR SUCH PAYMENT, WITHOUT PRIOR DEMAND OR NOTICE.

THIS GUARANTEE SHALL CONTINUE IN FULL FORCE AND EFFECTIVE UNTIL \_\_\_\_\_, OR SUCH TIME AS HOOD DISTRIBUTION SHALL RECEIVE WRITTEN NOTICE VIA REGISTERED MAIL OR REVOCATION OF THIS GUARANTEE. SUCH NOTICE OF REVOCATION SHALL BE INEFFECTIVE AS TO ANY EXISTING INDEBTEDNESS OR AS TO ANY TRANSACTION OR COMMITMENT PREVIOUSLY UNDERTAKEN BY HOOD DISTRIBUTION BEFORE HOOD DISTRIBUTION IS IN RECEIPT OF SUCH WRITTEN NOTICE OF REVOCATION.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

(Individually)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

(Individually)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BEFORE ME THE UNDERSIGNED, A NOTARY PUBLIC FOR THE STATE OF \_\_\_\_\_, PERSONALLY APPEARED \_\_\_\_\_ AND, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT SAID PERSON EXECUTED THE SAME.

**IN WITNESS WHEREOF**, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY SEAL THE DAY AND YEAR FIRST ABOVE WRITTEN.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
COMMISSION EXPIRATION

**PLEASE FURNISH BALANCE SHEET AND INCOME STATEMENT.**