



DONALDSONVILLE, LA.....(225) 473-7778
 GONZALES, LA.....(225) 644-4886
 DENHAM SPRINGS, LA.....(225) 665-2921
 FAX NUMBER.....(225) 473-1197

ROLAND J. ROBERT DISTRIBUTOR, INC.

5423 HIGHWAY 44, GONZALES, LA 70737

CREDIT APPLICATION

Invoice or Fuel Control Account

(Please type or print)

Date: _____

Amount of credit applying for:\$ _____ Federal Tax ID Number _____

Name of Firm/Business _____

Street and/or Building _____ Phone Number _____

Fax Number _____ Cell Number _____ Other _____

Mailing Address _____

City _____ State _____ Zip _____

Type of Business _____

Contractor Name: _____ Sub-Contractor Name: _____

If Sub-Contractor, indicate contractor: _____

Name of Plant, Firm, Hwy etc. for which job is contracted: _____

Beginning Date: _____ Anticipated Completion Date: _____

Name of Officers or Owners of Firm: _____

Years Established: _____ Is Business Incorporated? _____

Partnership: _____ Individual: _____

Bank Affiliation: _____ Bank Officer: _____



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Names of authorized buyers on this account:1. _____

2. _____ 3. _____

Are Purchase Orders required to charge to your account? _____

Should we add Sales Tax to your invoices? YES _____ NO _____

If "NO," give Tax Exemption for Registration Certificated Numbers and attach a blanket certificate for each that you are exempt:

_____ State "W" No.

_____ Parish No. (if any)

_____ City No. (if any)

Purchaser agrees that he assumes full liability for any non-taxed sale which may after be subject to tax: Initials _____

If this application is for Fuel Control cards and a Fuel Control account, your signature acknowledges that your company and you are 100% responsible for any and all purchases made on the cards, until such time that notice is given to us in writing and receipt of notice given back to you that you are requesting a card or cards to be turned off or locked out.

Is this full-time occupation of owner(s)? _____

If owners have other business or other employment (full-time or part-time), please explain:

Business

References:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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TERMS OF SALE are net 10 days. A service charge of 1 ½% on the past due accounts not paid before the end of the month maximum 18% annually. Delinquent accounts turned over to attorney for collection bear an additional 25% attorney fees. No extended terms such as “job completion,” etc. are offered.

The undersigned certifies that the preceding information is correct, that it is furnished for the purpose of obtaining credit and/or for correct billing information that he authorizes the contacting of various sources pertaining to his credit and financial responsibility, and that he agrees to abide by the TERMS OF SALE of the company to whom it is submitted.

Owner’s Signature: _____

Company Name: _____

“And now comes _____, who is made a party to the application and is bound with the applicant corporation in solido for the full payment for all sums unpaid by virtue of this application for credit. Both applicant and the person immediately before referred to agree to pay reasonable attorney’s fees and all costs of collection in case of default in payments, and furthermore waive all rights to release from this obligation due to any extension of indulgences granted by Roland J. Robert Distributor, Inc. or due to any bankruptcy, receivership or respite petition by or against the applicant corporation or upon the applicant corporation’s suspension, failure or insolvency, or to the appointment of a receiver for applicant corporation by any competent court.”

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Owner’s Signature: _____

Company Name: _____



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AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Company Name: Roland J. Robert Distributor, Inc.	Company ID# 72-0522149
<p>I hereby authorize Roland J. Robert Distributor, Inc. to initiate, if necessary, credit entries and adjustments for any debit/credit entries in error to my (select one) _____checking or _____savings account at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.</p> <p>I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.</p>	

Depository Financial Institution Name:		
Branch:		
City:	State:	Zip:
Routing Number:		
Account Number:		

IMPORTANT: Attach a VOIDED check for the above referenced account to this form.

This authorization is to remain in full force and effect until Roland J. Robert Distributor, Inc. has received written notification from me of its termination in such time and in such manner as to afford Roland J. Robert Distributor, Inc. and DEPOSITORY a reasonable opportunity to act on it.

Customer Name: _____

Federal ID No: _____

Signature: _____

Print Name: _____

Date: _____

Please fax or e-mail this form to (225) 473-1197 or office2@rjrobert.com.