



CREDIT APPLICATION FOR BUSINESS

FIRM NAME: _____ PHONE:(____)_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HAVE YOU EVER DONE BUSINESS WITH HOLSTON GASES BEFORE? YES NO

PARTNER NAME: _____ SS# _____

HOME ADDRESS: _____

PRESIDENT NAME: _____ SS# _____

HOME ADDRESS: _____

LOCAL MANAGER: _____

WOULD YOU LIKE TO RECEIVE EMAIL BILLING? YES NO EMAIL: _____

PLEASE BE SURE TO INCLUDE ALL ACCOUNT NUMBERS WITH YOUR REFERENCES:

NAME: _____ ACCT# _____

ADDRESS: _____ PHONE: _____

NAME: _____ ACCT# _____

ADDRESS: _____ PHONE: _____

NAME: _____ ACCT# _____

ADDRESS: _____ PHONE: _____

THE ABOVE COMPANY AGREES TO PAY A LATE CHARGE OF ONE AND ONE-HALF PERCENT (1 1/2%) PER MONTH OR EIGHTEEN PERCENT (18%) PER YEAR ON THE UNPAID AND PAST DUE ACCOUNT BALANCE. IN THE EVENT THIS ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, THE ABOVE COMPANY AGREES TO PAY REASONABLE ATTORNEY'S FEES APPROVED BY THE COURT.

COMPANY NAME BY: _____ SIGNATURE AND TITLE

I (WE) PERSONALLY AND UNCONDITIONALLY GUARANTEE ANY AND ALL DEBTS INCURRED BY THE ABOVE COMPANY TO HOLSTON GASES, INC., AND AGREE TO REMAIN BOUND BY THIS GUARANTEE EVEN IF PAYMENT OF THE INDEBTEDNESS IS FROM TIME TO TIME EXTENDED OR RENEWED. I (WE) ALSO GUARANTEE PAYMENT OF ANY LATE CHARGES AND ATTORNEY'S FEES INCURRED BY THE ABOVE COMPANY.

SIGNATURE DATE WITNESS

SIGNATURE DATE WITNESS

PLEASE RETURN VIA FAX TO (865) 573-0063 ATTN: ACCOUNTS RECEIVABLE