

# Howson's

501 Main Street • P.O. Box 1149 • Joplin, MO 64802-1149

Phone: 417-623-7232

Fax: 417-626-1544

800-456-6541

800-505-9275

## APPLICATION FOR CREDIT

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M

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Number of Years at This Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Number of Years in Business

\_\_\_\_\_  
Delivery Address

\_\_\_\_\_  
City State Zip Code

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### THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL

\_\_\_\_\_  
For: Corporation Partnership Proprietorship Individual

\_\_\_\_\_  
Incorporated Within Last 12 Months:

\_\_\_\_\_  
Type of Business: Account Subject to Sales Tax: (Please attach copy of exemption certificate)  
Yes No

\_\_\_\_\_  
Basis For Tax Exemption: Resale Non-Profit Education City State Federal

\_\_\_\_\_  
Are Purchase Orders Required to Charge to Your Account: Yes No

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### O W N E R S H I P

#### If Corporation-List Corporate Officers

#### If Partnership-List Partners

\_\_\_\_\_  
Name Title Home Address Home Phone SS#

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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E

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Bank Contact Position

I hereby authorize the release of any credit information by my bank, Savings & Loan, or any Financial institution necessary to process this application. A copy of this authorization shall be valid.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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#1	Company Name	Phone Number
	Street Address	Account Number
	City State	Zip Code
#2	Company Name	Phone Number
	Street Address	Account Number
	City State	Zip Code
#3	Company Name	Phone Number
	Street Address	Account Number
	City State	Zip Code

**PAYMENT TERMS:** Net 10<sup>th</sup>. A carrying charge of 1.5% will be added to the balance of each invoice for each month it is past due. This is equivalent to 18% annually.


**RETURN POLICY:** All claims for discrepancies or damaged merchandise must be made within 15 days of receipt of goods. • Except for defective merchandise, returns more than 30 days old will be subject to a re-stock charge. • A copy of the invoice or the delivery ticket should accompany the return. • Merchandise should be in original carton and in re-saleable condition. • Special merchandise (which is made to order) **can not** be returned. • Special order (items not listed in our catalog) **can not** be returned.

Continuation of open account status is a privilege contingent on the customer's ability to maintain a satisfactory condition. Our policy is to suspend shipments to customers where balances extend over 30 days.

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, THAT WE CAN AND WILL COMPLY WITH YOUR TERMS STATED ABOVE.

Signed \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

If your company is tax exempt you must fill out the following:

 <b>MISSOURI DEPARTMENT OF REVENUE BUSINESS TAXES BUREAU MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE</b>		<b>FORM 149 (REV. 4-88)</b>	<b>SEE REVERSE SIDE FOR INSTRUCTIONS</b>
ISSUED TO	ADDRESS	CITY, STATE, ZIP CODE	
NAME OF FIRM (BUYER)	<b>ENGAGED AS A REGISTERED</b> <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> LESSOR (*SEE NOTE ON REVERSE SIDE.) <input type="checkbox"/> OTHER		
STREET ADDRESS OR P.O. BOX NUMBER			
CITY, STATE, ZIP CODE			
<small>The above named firm is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, or renting.</small>			
<b>PRODUCT OR SERVICES RENDERED</b>			
STATE	STATE I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER
<small>I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a State or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which, we may hereafter give to you, unless otherwise specified, and shall be void until canceled by us in writing or revoked by the city or state.</small>			
<b>GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER</b>			
<small>I swear or affirm that the information on this form is true and correct as to every material matter.</small>			
AUTHORIZED SIGNATURE (OWNER, PARTNER OR CORPORATE OFFICER)		TITLE	DATE