



CREDIT APPLICATION

Applicant is: () Corporation or LLC, () Partnership, () Individual or Sole Proprietorship

Applicant Legal Name: _____

Trade Names (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Mobile Phone#: _____ Years in Business: _____

Email Address: _____

P.O. Required: Yes() No() Anticipated Monthly Purchases: \$ _____ Number of trucks owned and operated: _____

Tax Status: () taxable () tax exempt Certificate # _____ **PLEASE INCLUDE COPY OF CERTIFICATE**

(If you claim tax exempt status, a certificate of exemption with your ID number must be on file before tax exempt sales will be granted.)

Monthly statements and invoices are accessed via a secure internet connection. To enroll in this service please provide the following:

Contact Name: _____

Email Address: _____ Phone (_____) _____

For Corporation, LLC and Partnership Applicants:

Names of Officers or Partners: _____

State of Organization: _____ Year: _____ Fed. Id. Number: _____

For Individual and Sole Proprietorship Applicants:

Full Name: _____ S.S. # _____

Closest Relative to Contact: _____ Phone # _____

Reference Information:

Bank Reference: _____ Phone# _____

Trade References: (other companies you have charge accounts relating to parts, service or tires.)

Company	Address	City, State	Phone and Fax Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____

- 3. _____
- 4. _____
- 5. _____

Our terms are as follows: Balance is due the 10th of the month. Accounts not paid in full by the end of the month following date of purchase will be past due and subject to a service charge of 1.5% per month (18% annually) on the unpaid balance. If it becomes necessary to file suit on this account, it will be filed in Greene County, Missouri, for the amount due, plus interest, cost and reasonable attorney fees. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs.

The undersigned hereby authorizes TLG Operations, LLC and/or TLG of Indiana, LLC and its representatives to make inquiry into and receive information about the Applicant from creditors, credit reporting agencies, and other credit related entities, as it deems necessary.

Signature	Title	Date
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Individual Personal Guaranty:

I, _____ residing at _____
 for and in consideration of your extending credit at my request to _____
 (hereafter referred to as the "Company"), hereby personally guarantee to TLG Operations, LLC and/or TLG of Indiana, LLC (hereafter referred to as the "Creditor") any and all obligations of the Company. I hereby bind myself to pay Creditor on demand any sum which may become due to Creditor by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I consent to any modifications or renewal of the credit agreement hereby guaranteed. I authorize Creditor and its representatives to make inquiry into and receive information about my credit history from creditors, credit reporting agencies, and other credit related entities, as Creditor deems necessary.

Signature: _____ Date: _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the FTC Regional Office for the region in which this creditor operates or the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If this credit application is denied, you have the right to a statement of the specific reasons for the denial. To obtain a statement, contact us at the address below within 60 days after you are notified of our denial. We will send you a written statement of the reasons for our denial within 30 days from receiving your request for a statement.

The Larson Group
 Attn: Credit Department
 4350 S National Ave
 Suite B110
 Springfield, MO 65810

Phone: 417-616-2190