



CREDIT APPLICATION AND AGREEMENT

Dear Customer:

Thank you for choosing us to meet your fuel supply needs. To enable us to process this application without delay, please fill out this form completely and fax it back to 318-688-5687 or email cc@hornholdingsllc.com. Call 318-688-0141 with any questions. Please send the original executed application, agreement and guaranty(ies) to us by mail.

Business Information:

Company Name	Parent Co. Name	
Buyers / Contact Name	Phone	
Address	City State Zip	
Business Phone #	Business Fax #	email
Previous Name & Address (if any)		

Number of years in business: _____

Number of years at this location: _____

Credit Limit Requested: \$ _____

Estimated Fuel Gallons: _____

Locations you wish to purchase fuel:

Relay Station: I-49 @ Frierson _____ Hwy 1 @ Shreveport _____ Hwy 79 @ Greenwood _____

Outpost Travel Center: Greenwood _____ Minden _____ Plain Dealing _____ Lake Providence _____

What type of business entity are you? Corporation Partnership (LLC) Individual / Sole Proprietor

President / Partner's Name	Treasurer's Name (if applicable)	Secretary's Name (if applicable)
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Please attach list of all owners/members/partners' names and addresses for individuals not listed as officers above.

Have any of the above officers/owners/members/partners ever declared bankruptcy in any of their businesses? Yes No
If yes, give name(s) and brief explanation:

Are you listed in D & B? · Yes · No

D & B #

Resale Tax #

Bank Information:

Name of Bank

Telephone #

Address

City State Zip

Account #

Routing #

Contact

Contact's #

Trade References: (must have complete addresses, phone, e-mail & fax numbers)

(1)

Name

Address

City, State, Zip

Phone

Fax

E-mail

(2)

Name

Address

City, State, Zip

Phone

Fax

E-mail

(3)

Name

Address

City, State, Zip

Phone

Fax

E-mail

(4)

Name

Address

City, State, Zip

Phone

Fax

E-mail

By providing the above information you give permission for Horn Holdings, LLC to perform a credit check and to contact references, banks, and other sources for information necessary to establish credit terms.

Please return this completed form to:

Horn Holdings LLC
Attn: Credit Account
7228 West Bert Kouns Ind. Loop
Shreveport, LA 71129

I certify that the above information is true to the best of my knowledge.

Name

Title

CREDIT DEPARTMENT USE ONLY

Credit Approved

Credit Refused

Maximum Amount _____

Reason for Refusal:

Signature _____

Name (print please) _____

Date _____