

LEE-DEE WHOLESALE DISTRIBUTING CO. INC.

AND/OR

HALE WHOLESALE DISTRIBUTING CO. INC.

1001 9TH AVE, LAKE CHARLES, LA 70601

P.O. BOX 3130 LAKE CHARLES, LA 70602

(337)433-0624

CUSTOMER INFORMATION SHEET

PLEASE PRINT OR TYPE INFORMATION ON SHEET
ALL INFORMATION MUST BE SUPPLIED FOR FUTURE CREDIT CONSIDERATION

DATE: _____

STORE NAME: _____

STORE PHONE NUMBER: _____

STORE STREET ADDRESS: _____ P.O. BOX: _____

CITY, STATE, AND ZIP: _____

NAME OF BANK: _____ BANK OFFICER: _____

FEDERAL I.D. # _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ STATE _____

TOBACCO PERMIT # _____

LIST THREE (3) CREDIT REFERENCES: (NAME AND PHONE NUMBER)

1 _____ PHONE: _____

2 _____ PHONE: _____

3 _____ PHONE: _____

OWNER'S NAME: (PRINT) _____ DATE OF BIRTH _____

OWNER'S SOCIAL SECURITY # _____

SPOUSE'S NAME: _____ SOCIAL SECURITY #: _____

OWNERS'S HOME PHONE #: _____ CELL# _____

OWNER'S HOME STREET ADDRESS: _____

OWNER'S CITY, STATE, AND ZIP: _____

I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ THE INFORMATION LISTED ABOVE. I (WE) FURTHER AGREE THAT I (WE) ARE PERSONALLY LIABLE AND RESPONSIBLE FOR THE PAYMENT IN FULL OF ALL CREDIT TRANSACTIONS INCURRED ON MY (OUR) COMPANY'S BEHALF WITH LEE-DEE WHOLESALE DISTRIBUTING CO. INC., AND/OR HALE WHOLESALE DISTRIBUTING CO. INC. I FURTHER ACKNOWLEDGE THAT I (WE) ARE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF ALL PURCHASES OF TOBACCO PRODUCTS WHEN MY TOBACCO PERMIT NUMBER HAS BEEN UTILIZED BY ME, MY EMPLOYEE, USERS, OR ANY OTHER PERSON OR ENTITY.

OWNER'S SIGNATURE: _____ SPOUSE SIGNATURE: _____

(WE) ACKNOWLEDGE A \$35.00 SERVICE CHARGE ON ALL NSF CHECKS (INITIAL) _____

LEE-DEE WHOLESALE DISTRIBUTING CO. INC.

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GUARANTY

In consideration of credit being extended by Lee-Dee Wholesale Distributing Co., Inc. and/or Hale Wholesale Distributing Co., Inc. to the above named applicant for merchandise to be purchased utilizing applicants tobacco permit number whether applicant or purchaser be an individual or individuals, a proprietorship, a partnership, a corporation, an employee, an agent, a lessee of applicant, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to pay Lee-Dee Wholesale Distributing Co., Inc. and/or Hale Wholesale Distributing Co., Inc. and/or Hale Accounts of said applicant or others using applicants tobacco permit number for purchases made. The guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Lee-Dee Wholesale Distributing Co., Inc. and/or Hale Wholesale Distributing Co., Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notice to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee.

Applicant and guarantor or guarantors agrees to pay late fees and interest at the rate of 1.5% per month or 18% per annum on all accounts past due, any collection costs incurred to collect the unpaid balance on the account including reasonable attorney fees not less than twenty (20%) percent of the account balance. All billing disputes must be reported by customer within 15 days of receipt or the billing shall be deemed correct and due.

Any revocation of this guarantee shall be in writing and delivered to Lee-Dee Wholesale Distributing Co., Inc. and/or Hale Wholesale Distributing Co., Inc. by certified mail at
1001 9TH AVE, LAKE CHARLES, LA 70601

Jurisdiction for the enforcement of any transaction made pursuant to this credit application and guaranty shall be in the Parish of Calcasieu, State of Louisiana. The law and decisions of the State of Louisiana shall govern all transactions taking place between the parties.

(SIGNED)
GUARANTOR

(DATE)

(SIGNED)
GUARANTOR

(DATE)

LEE-DEE WHOLESALE DISTRIBUTING CO. INC

AND/OR

HALE WHOLESALE DISTRIBUTING CO. INC.

1001 9th AVE * PO Box 3130

LAKE CHARLES, LA 70602

(337) 433-0624

PERSON(S) AUTHORIZED TO SIGN CHECKS FOR PAYMENT OTHER THAN OWNER(S)

Date: _____

Name: _____ Home Phone Number: _____

Home Address: _____ Social Security Number: _____

_____ Date of Birth: _____

Driver's License Number: _____
(Please provide copy)

Signature: _____

Name: _____

Home Address: _____ Home Phone Number: _____

_____ Social Security Number: _____

Driver's License Number: _____ Date of Birth: _____
(Please provide copy)

Signature: _____

Owner acknowledges and agrees he is personally and criminally liable for any worthless check(s) issued for payment on his company's account in addition to NSF fees of \$35 per check transaction.

Owner(s) Signature(s) _____
