

PLEASE COMPLETE TOP SECTION OF THIS FORM AND INCLUDE SIGNATURE AT THE BOTTOM WHERE INDICATED EVEN THOUGH YOU PLAN TO PAY BY CREDIT CARD, COD CASH OR COD CHECK.

WHEN COMPLETED, FAX FORM TO NUMBER BELOW

HAIK'S INC. CREDIT APPLICATION

www.haiks-inc.com

1240 E. TRAFFICWAY; PO BOX 709 SPRINGFIELD, MO 65801 Account# _____
417-866-4391 1-800-234-4245 FAX: 417-863-6620 Date: _____

*FIRM NAME _____

PARENT COMPANY _____ HOW LONG IN BUSINESS _____

STREET ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

IF A CORPORATION, LIST STATE IN WHICH INCORPORATED _____

PARTNERSHIP CORPORATION

OWNER *NAME _____ HOME PHONE # _____

HOME ADDRESS _____

PARTNER NAME _____ HOME PHONE # _____

HOME ADDRESS _____

*STATE SALES TAX # _____ *DRIVER'S LICENSE # _____

REFERENCES: LIST ONLY THOSE WITH OPEN ACCOUNT (DO NOT USE FACTORS)

NAME _____ ACCT # _____ FAX # _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ ACCT # _____ FAX # _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ ACCT # _____ FAX # _____

ADDRESS _____ CITY, STATE, ZIP _____

BANK _____ ACCT # _____ BRANCH _____

ADDRESS _____ CITY, STATE, ZIP _____

CASH IN BANK _____ COST OF MDSE _____ OWED AGAINST INVENTORY _____

THIS CREDIT APPLICATION IS SUBMITTED IN WRITING FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM HAIK'S INC. ON CREDIT. ALL INFORMATION CONTAINED ON THIS APPLICATION IS TO BE CONSIDERED TRUE AND CORRECT. APPLICANT AGREES TO NOTIFY HAIK'S INC. OF ANY CHANGES IN THE INFORMATION PROVIDED HEREIN WHICH WOULD CAUSE THE SAME TO BE NO LONGER TRUE AND CORRECT.

APPLICANT AGREES TO PAY ACCORDING TO HAIK'S INC. TERMS. APPLICANT FURTHER AGREES THAT IF ABOVE BUSINESS IS EITHER A CORPORATION OR OTHER ENTITY OTHER THAN A INDIVIDUAL, APPLICANTS SIGNATURE BELOW SHALL SERVE AS A PERSONAL GUARANTEE FOR ALL DEBTS INCURRED BY THE ABOVE BUSINESS AND OWED TO HAIK'S INCORPORATED.

ALL ACCOUNTS PAST DUE WILL BE ASSESSED A SERVICE CHARGE PER MONTH AT THE INTEREST RATE 1½% PER MONTH. APPLICANT AND GUARANTOR ALSO AGREE TO PAY ANY AND ALL EXPENSES OF COLLECTIONS, INCLUDING ATTORNEY'S FEES, AND COST OF LITIGATION SHOULD MY ACCOUNT BECOME DELINQUENT AND HAIK'S INC. DETERMINES COLLECTION IS NECESSARY.

APPLICANT AGREES THAT PERSONAL JURISDICTION AND VENUE FOR ANY SUIT FOR COLLECTION OF ANY AMOUNTS DUE BY APPLICANT OR GUARANTOR TO HAIK'S INC. SHALL BE IN GREENE COUNTY, MISSOURI.

X _____ *SIGNATURE OF PRINCIPAL

_____ SIGNATURE OF WITNESS _____ SIGNATURE OF GUARANTOR

BLANKET CERTIFICATE OF PURCHASE FOR RESALE

To: **HAIK'S INCORPORATED**
1240 E. TRAFFICWAY
SPRINGFIELD, MISSOURI

**REQUIRED BY THE
STATE OF MISSOURI**

The undersigned hereby certifies that until further notice all of the tangible personal property which is and shall hereafter be purchased by him from the above named firm, shall be for the purposes of resale as tangible personal property, and hereby assumes all liability for the collection and remittance of the Missouri Sales or Use Tax, from the ultimate user or consumer.

STATE SALES TAX NO. _____

FIRM NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

SIGNATURE _____

(OR AUTHORIZED AGENT)

SOCIAL SECURITY #