



FLOYD'S SALES & SERVICE, INC.
 P.O. BOX 490
 322 S. BELTLINE EAST
 SCOTTSBLUFF, NE 69363-0490
 (308) 632-2911 FAX (308) 632-5634
 Toll Free (800) 658-4052

APPLICATION FOR OPEN CHARGE ACCOUNT

NAME: _____ TELEPHONE: () _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

BANK ACCOUNT WITH: _____

CREDIT LIMIT DESIRED: \$ _____ SOCIAL SECURITY #: _____

CREDIT REFERENCES (OTHER CHARGE ACCOUNTS)

(We must have name, address, phone, fax, & zip code in order to process)

1) Name: _____ Telephone: () _____

Address: _____ Fax: () _____

City, State, Zip: _____

2) Name: _____ Telephone: () _____

Address: _____ Fax: () _____

City, State, Zip: _____

3) Name: _____ Telephone: () _____

Address: _____ Fax: () _____

City, State, Zip: _____

Do you pay from invoices? _____ YES _____ NO

Do you require purchase orders? _____ YES _____ NO

Do you pay Nebraska Sales Tax? _____ YES _____ NO

NOTE: Please return a signed exempt sales tax certificate if exempt.

We hereby represent that the foregoing statement is in all respects true, and that the same shows all our debts and liabilities, and that said statement is made for the purpose of inducing Floyd's Sales & Service, Inc., to grant us an open charge account. WE AGREE TO PAY OUR OPEN ACCOUNT ON THE TENTH OF THE MONTH FOLLOWING PURCHASES.

Company Name: _____ Date: _____

By: _____ Print Name: _____

FOR OFFICE USE ONLY:

_____ Credit References Contacted _____ Approved _____ Disapproved

Limit: \$ _____ Letter of Approval Sent _____ Yes _____ No

Account #: _____ Tax Exempt Certificate Received: _____ Yes _____ No

Date Account Opened: _____