



KNOXVILLE OFFICE
545 WEST BAXTER AVENUE
KNOXVILLE, TN 37920
(865) 573-1917
FAX (865) 573-0063

FIRM NAME: _____ FEDERAL ID# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE# _____ FAX# _____

HAVE YOU EVER DONE BUSINESS WITH HOLSTON GASES BEFORE? YES NO

OWNER: NAME: _____ SS# _____

HOME ADDRESS: _____

LOCAL BRANCH MANAGER: _____

PLEASE BE SURE TO INCLUDE *ALL* ACCOUNT NUMBERS WITH YOUR REFERENCES:

NAME: _____ ACCT# _____

ADDRESS: _____ PHONE# _____

NAME: _____ ACCT# _____

ADDRESS: _____ PHONE# _____

NAME: _____ ACCT# _____

ADDRESS: _____ PHONE# _____

IN GRANTING CREDIT, HOLSTON GASES INC., MAY REQUEST A ROUTINE INVESTIGATIVE CONSUMER CREDIT HISTORY REPORT. THE ABOVE COMPANY AGREES TO PAY A LATE CHARGE OF ONE AND ONE-HALF PERCENT (1 ½%) PER MONTH OR EIGHTEEN PERCENT (18%) PER YEAR ON THE UNPAID AND PAST DUE ACCOUNT BALANCE. IN THE EVENT THIS ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, THE ABOVE COMPANY AGREES TO PAY REASONABLE ATTORNEY'S FEES APPROVED BY THE COURT.

COMPANY NAME BY: _____
SIGNATURE AND TITLE

I (WE) PERSONALLY AND UNCONDITIONALLY GUARANTEE ANY AND ALL DEBTS INCURRED BY THE ABOVE COMPANY TO HOLSTON GASES INC., AND AGREE TO REMAIN BOUND BY THIS GUARANTEE EVEN IF PAYMENT OF THE INDEBTEDNESS IS FROM TIME TO TIME EXTENDED OR RENEWED. I (WE) ALSO GUARANTEE PAYMENT OF ANY LATE CHARGES AND ATTORNEY'S FEES INCURRED BY THE ABOVE COMPANY.

SIGNATURE DATE WITNESS

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PLEASE RETURN VIA FAX TO (865) 573-0063 ATTN: JAN GRAVES

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