



# Bluegrass International

101 Triport Circle, Georgetown, KY 40324 Phone 502-570-5252 Fax 502-863-3229

## APPLICATION FOR CONVENIENCE ACCOUNT

Fill in all requested information (print or type) and sign the application and the attached Open Account Agreement. Return to: Bluegrass International, 101 Triport Circle, Georgetown, KY 40324 or fax to 502-863-3229. Application cannot be processed if requested information is not provided. This includes address, phone and fax numbers for all references.

Name of company \_\_\_\_\_ Number years in business \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Principle Type of Business \_\_\_\_\_  
 Business is a corporation \_\_\_\_\_ Federal ID # \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_  
 Individual Business \_\_\_\_\_ Social Security # \_\_\_\_\_ Amount of credit desired \_\_\_\_\_  
 Purchase Order numbers will \_\_\_ will not \_\_\_ be furnished. Sales Tax Status: Taxable \_\_\_ Exempt \_\_\_ Tax Exempt # \_\_\_\_\_  
 Persons authorized to charge on this account \_\_\_\_\_  
 Company DOT # \_\_\_\_\_ Insurance carrier name \_\_\_\_\_ Carriers phone number \_\_\_\_\_

### Principle Owners or Officers are:

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### Major Equipment Owned or Being Purchased:

Year \_\_\_\_\_ Description \_\_\_\_\_  
 Mortgage or Lien Holder and Address \_\_\_\_\_  
 Year \_\_\_\_\_ Description \_\_\_\_\_  
 Mortgage or Lien Holder and Address \_\_\_\_\_

### References

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

All accounts are due and payable by the 10<sup>th</sup> of the month. Statements are mailed on the 26<sup>th</sup> of the month. This is NOT a revolving charge. Account is due in full, or a late charge will be added and a review of this account will be made as to whether future charges will be allowed.

To receive Tax Exempt status, required state sales tax exemption forms must accompany this application. Adjustments will not be made on purchases made without proper tax-exempt documentation on file.

THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK, TRADE AND OTHER CREDIT REFERENCES TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH OUR COMPANY.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Terminated \_\_\_\_\_ Reason \_\_\_\_\_ Credit Limit \_\_\_\_\_  
 Account Approved By \_\_\_\_\_ Date \_\_\_\_\_ Account Number Assigned \_\_\_\_\_



# BLUEGRASS INTERNATIONAL

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Georgetown, KY 40324  
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Fax: (502) 863-3229

## **OPEN ACCOUNT AGREEMENT**

ACCOUNT TERMS: DUE BY 10<sup>TH</sup> OF MONTH. STATEMENT WILL BE MAILED ON 26<sup>TH</sup> OF MONTH.

The "Customer" as indicated on the attached application intends to purchase goods and services from Bluegrass International on open account and agrees in consideration of the credit extended by Bluegrass International to Customer to be bound by the following terms and conditions. Neither Bluegrass International nor the customer shall have any obligations to sell or purchase or continue to sell or purchase goods and services pursuant to this agreement.

Bluegrass International agrees to mail the Customer at the address set forth on the credit application, statements for each purchase, and unless Bluegrass International is notified within thirty (30) days after the mailing of the statement, it shall be deemed to be correct and accepted as rendered. The Customer specifically agrees to pay to Bluegrass International the amount shown due on the statement by the 10<sup>th</sup> of the month after purchase is made and any part not then paid will become delinquent immediately. The Customer agrees to pay a DELINQUENCY CHARGE computed by a periodic rate of 1.5%, which is the annual rate of 18%. Delinquency charges may be avoided by paying the entire amount due within the above terms.

The Customer agrees to waive venue in the event Bluegrass International is required to maintain legal action to enforce the provisions of this Open Account Agreement and consents to Bluegrass International bringing such action in Scott County, Kentucky. Further, the Customer agrees to pay reasonable collection costs and attorney's fees in the event Bluegrass International retains a collection service or an attorney to enforce any of the obligations hereunder.

This Open Account Agreement will be null and void if customer makes any changes to this document. The Application for Convenience Account will not be processed if this document is not accepted in its entirety.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

You may be assured that information furnished in this application and accompanying financial statement will be maintained in the strictest confidence.