

**The Depot Convenience Stores**  
PO Box 356  
Oxford, IA 52322

Phone: 319-828-4234  
FAX: 319-828-8058  
www.thedepotexpress.com

**CREDIT APPLICATION**

**BUSINESS INFORMATION:**

LEGAL NAME OF APPLICANT COMPANY: \_\_\_\_\_

NAME UNDER WHICH BUSINESS IS OPERATED: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL ID NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ A/P CONTACT: \_\_\_\_\_

CREDIT LINE REQUESTED: \$ \_\_\_\_\_

ORGANIZATION STRUCTURE:   \_\_\_ CORPORATION   \_\_\_ PARTNERSHIP   \_\_\_ SOLE PROPRIETOR  
                                  \_\_\_ LLC                   \_\_\_ LLP

STATE AND YEAR OF INCORPORATION: \_\_\_\_\_

FISCAL YEAR END: \_\_\_\_\_ YEAR PRESENT OWNERSHIP COMMENCED: \_\_\_\_\_

**OWNERSHIP:**

NAME: \_\_\_\_\_ OWNERSHIP \_\_\_\_\_% HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

NAME: \_\_\_\_\_ OWNERSHIP \_\_\_\_\_% HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

NAME: \_\_\_\_\_ OWNERSHIP \_\_\_\_\_% HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

NAME: \_\_\_\_\_ OWNERSHIP \_\_\_\_\_% HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

**BANK REFERENCES:**

NAME & ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRADE REFERENCES:**

NAME & ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME & ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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The undersigned hereby accepts, represents and warrants personal liability that all information contained herein, and/or herewith is true and correct and there has been no omission of material fact; and undersigned acknowledges that The Depot Convenience Stores intends to rely upon the information provided in determining whether or not to extend credit to the Applicant. By execution in the space provided below, the Applicant and the undersigned jointly and severally agree to be bound by all of the credit terms and conditions set forth below should credit be extended.

X \_\_\_\_\_  
Authorized Business Signature and Title Date

The undersigned, jointly and severally, unconditionally and irrevocably guarantees to The Depot Convenience Stores; their agents and assigns that the Company will timely perform all obligations under this Agreement and all existing and future agreements with The Depot. The undersigned also waives any notification, including presentment, protest and demand, if the Company is in default and hereby consents to any extensions or modification granted to the Company. In the event of default, the undersigned will immediately pay all sums due under the terms of this Agreement without requiring The Depot to proceed against the Company, any other party or the collateral. Any assignment of the Agreement does not relieve the undersigned from its obligations under this guaranty.

X \_\_\_\_\_  
Signature of Shareholder or Guarantor Date Social Security Number

X \_\_\_\_\_  
Signature of Shareholder or Guarantor Date Social Security Number

X \_\_\_\_\_  
Signature of Shareholder or Guarantor Date Social Security Number

X \_\_\_\_\_  
Signature of Shareholder or Guarantor Date Social Security Number

**CREDIT AGREEMENT:**

1. Credit will be extended in the amount of \$\_\_\_\_\_.
2. The Company will provide an Authorization Agreement for Pre-Arranged Payments (Debits).
3. The Company will receive a Pre-Draft Notification each Friday by fax or email for the amount charged during that week.
4. The following business day (generally Monday) an EFT transaction will occur for the previous weeks charges.
5. Should any EFT transaction be returned NSF, credit with The Depot Convenience Stores will halt until the entire credit balance is paid in full.
6. Signed copies of individual charge tickets will be submitted by mail once per month to the business mailing address. Any disputes must be submitted by the 15<sup>th</sup> of the month.

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**AUTHORIZATION AGREEMENT FROM PRE-ARRANGED PAYMENTS (DEBITS)**

CUSTOMER NAME: \_\_\_\_\_ (hereinafter called CUSTOMER)

CUSTOMER TAX ID: \_\_\_\_\_

CUSTOMER hereby authorizes The Depot Convenience Stores (hereinafter called COMPANY), to initiate debit and credit entries to the checking account indicated below and the bank named below, (hereinafter called BANK), to debit or credit the same such account.

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority may be terminated upon a thirty days' prior written notification of its termination from CUSTOMER to the COMPANY. Termination shall not effect debit or credit entries initiated prior to receipt of such notice. Similarly, CUSTOMER may transfer this authority to another CUSTOMER account with thirty days' prior written notice to the COMPANY. If an erroneous debit entry is initiated by COMPANY to CUSTOMER'S account, CUSTOMER shall have the right to have the amount of such entry corrected by giving written notice of such error to COMPANY within thirty days following the date which CUSTOMER'S BANK sends to CUSTOMER a statement of account or written notice pertaining to such entry. Upon receiving notice of such error, COMPANY will issue an offsetting credit. If any debit to CUSTOMER'S account should fail to be honored by the BANK due to insufficiency of the available funds, COMPANY shall be entitled to recover from CUSTOMER all fees and charges imposed by BANK by reason thereof and CUSTOMER shall forfeit any discount or other allowance applicable to the transaction(s) giving rise to such dishonor. Any such occurrence of dishonor may result in termination of CUSTOMER'S credit. All credits and other terms and provisions between CUSTOMER and COMPANY shall remain in full force and effect.

Name of CUSTOMER: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**PLEASE SUBMIT A COPY OF THIS AGREEMENT TO YOUR BANK FOR THEIR RECORDS.**

**ATTACH VOIDED CHECK**