



CREDIT APPLICATION

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of Marr Bros., Inc. as printed on page 2.

COMPANY NAME _____

DBA (if different) _____

CONTACT PERSON _____ A/P CONTACT _____

EMAIL ADDRESS _____

BILL TO

ADDRESS _____ CITY _____ State _____

COUNTY _____ ZIP _____ PHONE (____) _____ EMAIL _____

SHIP TO

ADDRESS _____ CITY _____ State _____

COUNTY _____ ZIP _____ PHONE (____) _____ EMAIL _____

FEDERAL TAX ID _____ STATE TAX EXEMPT NUMBER _____

(Tax Exemption Certificate must be completed, signed and attached)

TYPE OF BUSINESS _____ NUMBER OF EMPLOYEES _____

DATE ESTABLISHED _____ P.O. REQUIRED: yes _____ no _____

TYPES OF PRODUCTS YOU WILL PURCHASE _____

CONTRACTED SERVICE CENTER FOR _____

CORPORATION__ (State Incorporated____ Year Established____) PARTNERSHIP__ PROPRIETORSHIP__

NAMES, TITLES AND ADDRESSES OF OWNERS/PARTNERS OR CORPORATE OFFICERS

NAME _____ TITLE _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____ STATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ CELL (____) _____

NAME _____ TITLE _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____ STATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ CELL (____) _____

NAME _____ TITLE _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____ STATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ CELL (____) _____

Marr Bros., Inc.

423 East Jefferson Blvd. • Dallas, Texas • 75203
PHONE: 800-627-7276 • FAX: 469-916-2163 (877-853-6364)
WEB: www.marrbros.com



Credit Application (con't.)

TRADE REFERENCES

NAME _____ Acct Number _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE (_____) _____ EMAIL _____

NAME _____ Acct Number _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE (_____) _____ EMAIL _____

NAME _____ Acct Number _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE (_____) _____ EMAIL _____

BANK REFERENCES

BANK NAME _____ Acct Number _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE (_____) _____ EMAIL _____
 CONTACT _____ TITLE _____

I represent that the above information is true and is given as an inducement to extend credit to the applicant. My company and I authorize Marr Bros., Inc. to conduct a credit investigation that will include, but not be limited to, contacting the above trade references, banks, and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself.

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Billing cycle ends on the 26th of each month. Statement must be paid by the 10th of the month.
2. All bills become payable in full on the 11th day of the month and if not paid by the end of the month are considered past due.
3. A service charge of 1 ½% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for my company, for all items purchased on credit by corporation or owner.

I HAVE READ THE TERMS AND CONDITIONS STATED ABOVE AND AGREE TO ALL OF THESE TERMS AND CONDITIONS.

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____ DATE _____

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Marr Bros. Inc
Tribal Sovereign Immunity Waiver

CUSTOMER NAME

If the customer is a native American Indian, or if the customer's business is located on an Indian reservation or on land subject to American Indian regulation, treaty or control, the customer's duly authorized representative is directed to answer the following:

1) Is your business located on native American Indian tribal land?

Yes _____ No _____

2) Do you or your business claim protection from suit under the tribal sovereign immunity of any Indian tribe or treaty?

Yes _____ No _____

3) If you answered question #1 or question #2 "yes", do you agree to waive all sovereign immunity and treaty rights which would otherwise protect you or your business from civil suit?

Yes _____ No _____

4) If you answered question #1 or question #2 "yes", do you agree to be subject to all laws of the state in which your business is located and, in addition, the laws of the state of Texas?

Yes _____ No _____

5) Are you fully authorized by the owner of the business submitting this credit application to sign this waiver on behalf of the business?

Yes _____ No _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINT NAME OF AUTHORIZED REPRESENTATIVE

Dated: _____

Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: **Marr Bros., INC**

Street address: **423 E Jefferson Blvd**

City, State, ZIP code: **Dallas, Texas 75203**


Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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This certificate should be furnished to the supplier.

Do not send the completed certificate to the Comptroller of Public Accounts.