



## WATER COMPANY

**2200 Clifton Avenue  
Nashville, TN 37203**

Phone: (615) 320-8720 Fax: (615) 320-3099  
kimbroaccounting@kimbrooil.com

### COMMERCIAL CREDIT APPLICATION

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business Operates as:  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_  
Kimbro Water Salesperson: \_\_\_\_\_

#### Principal Officers/Partners/Owners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

State of TN Sales Taxable: Yes \_\_\_\_\_ No \_\_\_\_\_ FEIN: \_\_\_\_\_

**NOTE:** To be set up as NOT taxable, we must have the Tax ID number **and** a copy of the resale/tax exemption certificate. Also note, most tax exemptions are not applicable for fuel tax.

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list where invoices and/or statements should be sent (email is preferred method):

- ☐ Email (Preferred): \_\_\_\_\_  
☐ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Desired Credit Limit: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

#### BANK REFERENCES

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Name of Bank: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Name of Bank Officer(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### CREDIT REFERENCES

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<b>REFERENCE #1</b>	Name:			Account #:		
	Phone #:		Fax #:		Email:	
<b>REFERENCE #2</b>	Name:			Account #:		
	Phone #:		Fax #:		Email:	
<b>REFERENCE #3</b>	Name:			Account #:		
	Phone #:		Fax #:		Email:	

### Please Read Carefully:

The undersigned hereby agrees to the terms of sale, which are stated, on each invoice. A one and a half percent (1-1/2%) service charge (18% annually) will be added on any past due portion that becomes 30 days past due. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees. The undersigned does hereby certify that the information contained on this page is true and correct. The undersigned further agrees that any changes in ownership or officers or form that the business operates as shall be made known to us. The notice shall be in writing and mailed to:

Kimbro Water Company  
P.O. Box 23089  
Nashville, TN 37202-3089

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

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



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION DEBIT AGREEMENT

Customer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ or SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ ("Customer") hereby authorizes Kimbro Oil Co. entries to customer's bank account indicated below and the bank named below.

Account Type:      Checking ☐      Savings ☐

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

I hereby authorize Kimbro Oil Company to initiate credit entries into my account as identified by the attached check. Such transactions are for a sum due and owing Kimbro Oil Co. as supported by invoice. This authorization will remain in effect until terminated upon written notice by either the Customer or Kimbro Oil Company.

Authorized this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

NOTE: Please attach copy of void check.

Mail To: Kimbro Oil Company  
Attn: Kelly Drye  
PO Box 23089  
Nashville, TN 37202

or      Fax To: (615) 320-5916  
Attn: Kelly Drye

If you have any questions please contact Kelly Drye at (615) 320-7484 or by e-mail at [kimbroadcounting@kimbrooil.com](mailto:kimbroadcounting@kimbrooil.com).



**TENNESSEE SALES AND USE TAX  
BLANKET CERTIFICATE OF RESALE**

TO: Vendor's Name Kimbro Water Company  
Vendor's Address 2200 Clifton Avenue, Nashville, TN 37203

The undersigned hereby certifies that the merchandise purchased on each order is purchased for (Indicate the purpose for which the property is bought when no Sales or Use Tax is to be collected):

- ☐ Resale as tangible personal property, or resale of a service subject to tax.
- ☐ A component part of an article to be produced for sale by manufacturing, assembling, processing, or refining.
- ☐ Rental or leasing of tangible personal property.
- ☐ Use in accordance with the provisions of Rule No. 68. (A copy of the Direct Pay Permit must be given to the vendor with this form.)
- ☐ Other (indicate reason):

Sales Tax Registration Number	Name of Business _____
of Purchaser _____	Name of Authorized Purchaser: _____
Effective Date of Registration: _____	Signature of Authorized Purchaser: _____
	Address _____

**NOTICE**

This Certificate must be fully completed and signed before it is valid. Certificate remains in effect until revoked in writing by purchaser. Once a valid certificate is on file, it is not necessary to obtain additional copies for subsequent purchases.

Any merchandise obtained upon this resale certificate is subject to the Sales and Use Tax if it is used or consumed by the vendee in any manner and must be reported and the tax paid thereon directly to the Department of Revenue.

TENNESSEE CODE ANNOTATED SECTION 67-6-607 MAKES IT A MISDEMEANOR TO MISUSE A CERTIFICATE OF REGISTRATION WITHOUT PAYING THE SALES AND USE TAXES, AND SUBJECTS THE CERTIFICATE TO REVOCATION.

## UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Kimbro Oil Company

Address: 2200 Clifton Avenue, Nashville, TN 37203

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2—4)

☐ Other (Specify) \_\_\_\_\_

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>17</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,18</sup>	
CT <sup>5</sup>		NC <sup>19</sup>	
DC <sup>6</sup>		ND	
FL <sup>7</sup>		OH <sup>20</sup>	
GA <sup>8</sup>		OK <sup>21</sup>	
HI <sup>4,9</sup>		PA <sup>22</sup>	
ID		RI <sup>23</sup>	
IL <sup>4,10</sup>		SC	
IA		SD <sup>24</sup>	
KS		TN	
KY <sup>11</sup>		TX <sup>25</sup>	
ME <sup>12</sup>		UT	
MD <sup>13</sup>		VT	
MI <sup>14</sup>		WA <sup>26</sup>	
MN <sup>15</sup>		WI <sup>27</sup>	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_

(Owner, Partner, or Corporate Officer, or other authorized signer)

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

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