

CASEY'S DISTRIBUTING, INC.
8921J STREET, SUITE #300
OMAHA NE 68127
PHONE 402-334-3485
FAX 402-697-8431

ACCOUNT/CREDIT APPLICATION

LEGAL NAME/DBA _____ TYPE OF BUSINESS _____

ADDRESS _____ PHONE _____ E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____ FAX _____

PRESIDENT, OWNER, OR PARTNER _____ SS# _____

OTHER AUTHORIZED OFFICER, OWNER, OR PARTNER _____ SS# _____

BUSINESS INFORMATION:

___SOLE PROPRIETOR ___PARTNERSHIP ___CORPORATION DATE STARTED _____

ANNUAL SALES _____ WEBSITE ADDRESS _____

PERSON PAYING BILLS _____ TELEPHONE _____

BILLING ADDRESS _____

TRADE REFERENCES:

NAME	ADDRESS	ZIP	PHONE	FAX
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BANK REFERENCES

NAME OF BANK _____ BANK OFFICER _____

ACCOUNT NO. _____ TYPE OF ACCOUNT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

**NOTE : ATTACH COMPLETED SALES TAX RESALE
CERTIFICATE(S) UNLESS SALES TAX IS TO BE ADDED**

TERMS AND CONDITIONS

PRODUCT USE

CUSTOMER WARRANTS THE PURCHASES ARE INTENDED PRIMARY FOR BUSINESS USE AND NOT INTENDED FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSE AND AGREE(S) NOT TO USE SAID PURCHASES FOR SUCH PURPOSE.

TERMS OF PAYMENT

CUSTOMER HEREBY AGREES TO PAY INVOICES WHEN DUE, ACCORDING TO THE TERMS CLEARLY STATED ON THE INVOICE.

LATE PENALTY

SHOULD CUSTOMER FAIL TO PAY ANY INVOICE WHEN DUE, CUSTOMER HEREBY AGREES TO PAY A LATE PAYMENT CHARGE. THE CHARGE WILL NOT EXCEED 1-1/2% PER MONTH (18% ANNUM) OF THE OUTSTANDING BALANCE DUE.

FEES

CUSTOMER AGREES TO PAY ALL COSTS AND ATTORNEY FEES INCURRED IN COLLECTION OF ALL PAST DUE INVOICES AND ACCOUNTS.

CLAIMS

CLAIMS MUST BE MADE ON RECEIPT OF GOODS.

RETURN POLICY

NO GOODS MAY BE RETURNED WITHOUT PRIOR AUTHORIZATION FROM CASEY'S. A RE-STOCK FEE WILL APPLY TO UNDAMAGED RETURNS.

RETURNED CHECKS

CHARGES AS ALLOWED FOR BY APPLICABLE STATE LAWS SHALL BE IMPOSED IN THE EVENT OF CUSTOMER CHECKS BEING RETURNED TO CASEY'S REPRESENTATIVES BY THE CUSTOMERS BANK.

INFORMATION AUTHORIZATION

CUSTOMER CERTIFIES THAT THE INFORMATION PRESENTED BY THE CUSTOMER IN THIS APPLICATION IS TRUE AND CORRECT. CASEY'S IS AUTHORIZED TO CONTACT ALL REFERENCES CONTAINED IN THIS APPLICATION, WHO ARE AUTHORIZED TO RELEASE ANY INFORMATION TO CASEY'S RELATING TO CUSTOMERS CREDIT HEREIN.

THE UNDERSIGNED INDIVIDUAL, WHO IS EITHER A PRINCIPAL OF THE CREDIT APPLICANT OR A SOLE PROPRIETORSHIP, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT ON THE UNDERSIGNED BY CASEY'S, FROM TIME TO TIME AS MAY BE NEEDED, IN THE CREDIT EVALUATION PROCESS.

THE UNDESIGNED HAS READ THIS CREDIT APPLICATION AND AGREES TO BE BOUND BY ITS STATEMENTS, TERMS, AND CONDITIONS STATED HEREIN. THE UNDERSIGNED AGREES TO UPDATE THIS APPLICATION IF INFORMATION IS NO LONGER ACCURATE.

FIRM

NAME _____ **BY** _____

TITLE _____ **DATE** _____

PERSONAL GUARANTEE AGREEMENT

I/WE REQUEST CASEY'S DISTRIBUTING INC. (CASEY'S), REFERRED HEREIN AS CREDITOR, TO GRANT CREDIT TO _____

REFERRED TO HEREIN AS THE DEBTOR, AND IN CONSIDERATION OF SUCH CREDIT, I AGREE WITH THE CREDITOR AS FOLLOWS:

1. I/WE GUARANTEE UNCONDITIONALLY AND PROMISE TO PAY CREDITOR ALL DEBTOR'S INDEBTNESS TO CREDITOR, WITHOUT LIMITATION AS TO AMOUNT, UPON DEFAULT BY DEBTOR.
2. THE INDEBTNESS SHALL INCLUDE ONLY THE INDEBTNESS INCURRED ON OR AFTER THE DATE OF THIS GUARANTEE.
3. THIS IS A CONTINUING GUARANTEE AND UNTIL REVOKED SHALL COVER FUTURE INDEBTNESS ARISING UNDER SUCCESSIVE TRANSACTIONS THAT SHALL EITHER CONTINUE THE INDEBTNESS OR, FROM TIME TO TIME, RENEW IT AFTER IT HAS BEEN SATISFIED.
4. THIS AGREEMENT SHALL INSURE TO THE BENEFIT OF CREDITOR, ITS SUCCESSORS AND ASSIGNS, AND SHALL BIND HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.
5. I AGREE TO PAY MY CREDITOR REASONABLE ATTORNEY FEES, ALL COSTS, AND OTHER EXPENSES INCURRED BY IT IN COLLECTING ANY INDEBTNESS OF DEBTOR HEREBY GUARANTEED OR IN ENFORCING THIS GUARANTEE AGAINST ME/US.
6. THIS CONTINUING GUARANTEE SHALL REMAIN IN FULL FORCE UNTIL AND UNLESS I/WE DELIVER TO CREDITOR, BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, WRITTEN NOTICE REVOKING THIS GUARANTEE. SUCH REVOCATION SHALL NOT AFFECT ANY OF MY/OUR OBLIGATIONS WITH RESPECT TO SUCH INDEBTNESS INCURRED PRIOR TO REVOCATION.
7. THIS LIABILITY OF THE UNDERSIGNED SHALL NOT BE IMPAIRED, ALTERED OR OTHERWISE AFFECTED BY ANY RENEWAL, MODIFICATION, COMPROMISE OR DISCHARGE OF THE INDEBTNESS OR ANY PART THEREOF.
8. CREDITOR MAY CEASE FURTHER SALES AND DELIVERIES AT ANY TIME, BUT AGREE THAT IT WILL, UPON WRITTEN REQUEST, FURNISH TO THE UNDERSIGNED A COMPLETE STATEMENT OF THE AMOUNT OF THE INDEBTNESS COVERED BY THIS GUARANTEE AND THEN UNPAID.
9. THIS APPLICANT AND THE UNDERSIGNED HAVE GIVEN THE ABOVE INFORMATION TO INDUCE YOU TO FURNISH MATERIALS AND/OR SERVICES ON CREDIT AND REPRESENTS THAT SAID INFORMATION IS ACCURATE AND COMPLETE.

THE UNDERSIGNED PERSONAL GUARANTOR, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A NECESSARY FACTOR IN THE EVALUATION OF THIS PERSONAL GUARANTEE, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT ON THE UNDERSIGNED BY CASEYS, FROM TIME TO TIME AS MAY BE NEEDED, IN THE CREDIT EVALUATION PROCESS.

PERSONAL GUARANTEE MUST BE PROVIDED BY BOTH OWNER AND SPOUSE, IF SPOUSE IS DIRECTLY INVOLVED IN THE BUSINESS, AND SAID COMPANY IS LESS THAN (3) FULL YEARS IN BUSINESS. INCLUDE A CURRENT FINANCIAL STATEMENT OR LAST FEDERAL FORM ON GUARANTOR(S).

SIGNED	PRINT NAME	SOCIAL SECURITY NO.	DATE
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RESIDENCE ADDRESS

SIGNED	PRINT NAME	SOCIAL SECURITY NO.	DATE
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RESIDENCE ADDRESS

CREDIT CARD POLICIES

WE WILL ONLY SHIP TO THE ADDRESS THAT IS ASSOCIATED WITH THE CREDIT CARD USED FOR PAYMENT. IF YOU WOULD LIKE AN ORDER SHIPPED TO A LOCATION OTHER THAN THE ONE ASSOCIATED WITH YOUR CARD PLEASE CONTACT YOUR SALES REP AT 1-800-482-3485. WE APOLOGIZE FOR ANY INCONVENIENCE TO THOSE WHO WISH TO HAVE ITEMS SENT TO A DIFFERENT LOCATION, BUT HOPE YOU UNDERSTAND THIS RULE IS FOR YOUR PROTECTION.

WE MUST HAVE THE CORRECT BILLING ADDRESS FOR THE CREDIT CARD USED FOR YOUR ORDER. THIS ADDRESS MUST MATCH THE ONE HELD BY OUR CREDIT CARD PROCESSOR'S ADDRESS VERIFICATION SERVICE, WHICH IS THE ONE PROVIDED BY YOUR CREDIT CARD ISSUER. WE CANNOT ACCEPT ANY TRANSACTION FOR WHICH THE ADDRESS CANNOT BE VERIFIED.

CREDIT CARD INFORMATION

NAME EXACTLY AS ON CARD _____
TYPE OF CARD (VISA, MASTERCARD, DISCOVER, AX) _____
CREDIT CARD NUMBER _____
EXPIRATION DATE _____
BILLING ADDRESS FOR CARD _____
CITY, STATE, ZIP _____
V CODE ON BACK OF CARD _____
YOUR SIGNATURE AND DATE _____

RETURN POLICY

- 1) A RETURN AUTHORIZATION NUMBER MUST BE REQUESTED FROM CUSTOMER SERVICE AT (402) 334-3485 X8.
- 2) THE ITEM IS RETURNED IN THE SAME CONDITION AS RECEIVED.
- 3) ALL ORIGINAL PACKAGING AND ACCESSORIES ARE RETURNED.
- 4) THE ITEMS ARE PACKED SUFFICIENTLY TO RESIST DAMAGE IN THE RETURN PROCESS.
- 5) THE ITEM IS RETURNED PREPAID BY THE CUSTOMER TO US WITHIN 30 DAYS FROM THE INVOICE DATE.
- 6) SPECIAL ORDERS AND SOME "ONE OF A KIND" ITEMS ARE **NOT** ELIGIBLE FOR REFUNDS.
- 7) A RESTOCK FEE WILL APPLY.