

STS REFILL TECHNOLOGY

Sales Rep: _____ Date _____

Analyst: _____

STS Refill Technology
8300 Congress Avenue
Boca Raton FL 33487
Telephone (561) 999-8818
Facsimile (561) 999-8828

Credit Application

CONSENT AGREEMENT

The undersigned hereby consent(s) to STS Refill Technology use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) STS Refill Technology utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq.

Authorized Signature X _____ Print:	Title	Date
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COMPANY DATA

Legal Name: <u>Muskogee County Assessor</u>	Telephone: <u>(918) 682-8781</u>
Trade Name(s):	Fax:
Street Address:	Billing Address: <u>Muskogee, OK</u>
<u>400 W Broadway Ste 210 Muskogee, OK 74401</u>	<u>400 W Broadway Ste 210 74401</u>
Type of Company: <input type="checkbox"/> C-Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other	
Are you current on all applicable franchise taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, please explain:	
Bankruptcy <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when filed? _____ <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Other	
Date Started:	Dun & Bradstreet No. (DUNS No.):
Date Incorporated:	Federal Tax ID:
State of Incorporation:	Parent Company Name:
Accounts Payable Contact: <u>Polly Irving</u>	Telephone: <u>(918) 682-2169</u> Fax:
Purchasing Contact:	E-Mail: <u>County Clerk</u>
<u>400 W Broadway St 120</u>	Telephone: _____ Fax:
	E-Mail: <u>muskogee@gmail.com</u>

TRADE REFERENCES (Current and Past)

Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	
Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	
Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	
Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	

E-MAILED

6/2 2:27p

Ron Payne

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FINANCIAL INFORMATION

For a requested credit limit in excess of \$TBD, payable net 30 days cash terms. These terms can be changed by STS at any time. Be assured that any information which you provide will be used solely to evaluate your credit worthiness.

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due STS Refill Technology. If STS must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges of the lessor of 18% per annum or the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that STS may reasonably require.

Authorized Signature

Title

Date

X _____

Print: _____

Bank Reference

TO BE COMPLETED BY CUSTOMER

Name of Customer:

Address:

Telephone:

Account No.:

Name of Bank:

Address:

Telephone:

Fax:

Account Officer:

We hereby authorize our bank, named above, to release complete credit information to STS Refill Technology via fax. This includes information on depository accounts and any borrowing relationship we may have. This authorization shall remain in effect until written notice is received from an authorized signer.

Authorized Signature(s):

X _____

X _____

X _____

Date: _____

Title: _____

Title: _____

Title: _____

PLEASE FAX COMPLETED FORM TO: 561-999-8828

6/5/08



www.stsinks.com ~ www.stsrefill.com

New Customer Information Form

Company Information	Country:	<u>U.S.</u>	State:	<u>OK</u>	Residential/Business	<u>Business</u>				
Company Name:	<u>Muskogee County Assessor</u>		Phone No.	<u>(918) 682-8781</u>		Fax No.		Website		
Shipping Address:	<u>400 W Broadway St STE 210</u>		City	<u>Muskogee</u>	State	<u>OK</u>	Zip	<u>74401</u>	County	<u>Muskogee</u>
Billing Address:	<u>400 W Broadway St STE 210</u>		City	<u>Muskogee</u>	State	<u>OK</u>	Zip	<u>74401</u>	County	<u>Muskogee</u>
Sales Tax Exempt No. (FL only MUST provide)			Terms			UPS Acct No.			Other Freight Co.	

Contact Information									
Buyer Name:	<u>Muskogee Assessor</u>	Phone No.	<u>(918) 682-8781</u>	Ext		Fax No.		Email	<u>adriscoll@muskogee</u>
Contact Name: (if different)	<u>Ana Driscoll</u>	Phone No.		Ext		Fax No.		Email	<u>assessor.cov</u>
ACCOUNTING:		Phone No.		Ext		Fax No.		Email	
Contact Name:		Phone No.		Ext		Fax No.		Email	
Contact Name:		Phone No.		Ext		Fax No.		Email	

FOR OFFICE USE ONLY									
Rep:	<u>EM</u>	CUSTOMS INV NEEDED		Customer Type		Marketing Method:			
				EU / MD / D		TERMS	<u>CC</u>		
Credit Card Given as B/U Pymt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Label:	STS, Generic, Private (PL=16 cart min per color)					
NOTES: (any comments to put in our system)					ACCOUNTING CODE:				

APPROVAL: _____

Approved Accounting Code: _____



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2nd day of June 2025
Chairman [Signature]
Member [Signature]
Member [Signature]
Attest [Signature] County Clerk

