



QUALITY DEF SOLUTIONS

471 SOUTH HWY 16 SAN SABA, TEXAS 76877
(325)372-5786 – OFFICE (325)372-3737 FAX

Credit Application

The undersigned company is applying for credit with Quality DEF Solutions and agrees to abide by the standard terms and conditions of Quality DEF Solutions as printed. **Email completed application to: Sean@qualitydefsolutions.com & Sales@qualitydefsolutions.com**

****Terms are NET (15) ^{sf} days from the date of invoice**

Company Name: Montague County
DBA (if different from above) _____

Address: 11339 State Hwy 59 N CITY: Montague STATE: Tx ZIP CODE: 76251

Phone Number: (940) 894-2556 Federal Tax ID or SS #: 75-6001078

*Contact Name: Jennifer Essary *Contact Email: jessarymca@gmail.com

*Accounts Payable Contact: Jennifer Fenoglio * AP Email Address: j.fenoglio@co.montague.tx.us

Mailing address: P.O. Box 416 CITY: Montague STATE: Tx ZIP CODE: 76251

Type of Business: _____ No. Employees: _____

Date Business established: _____ Product to be purchased: _____

*Amount of Credit requested: \$5,000.00 Organization Type: _____

Authorized Purchasers: Mark Murphey, Roy Darden, Mike Mayfield, Bob Langford, Russell Messer, Even Brewer, Jay Clement, Richard Roberts

Purchase Order Numbers required: _____ Yes _____ No

Names and titles and addresses for (3) of your Chief Corporate Officers or Partners:

Kevin Benton - County Judge - 11339 State Hwy 59 N, Montague, Tx 76251

Mark Murphey - County Commissioner Pct 3 - 11339 State Hwy 59 N, Montague, Tx 76251

Jennifer Fenoglio - County Treasurer - 11339 State Hwy 59 N, Montague, Tx 76251

TAX Exempt: Yes ___ No If yes, please provide Tax Exemption information: _____

Have you had credit with us before: ___ Yes No

If yes, under what name: _____

02/01/2022



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***Trade References - List 3 Businesses and 1 Bank reference: (FILL OUT ALL REQUIRED INFORMATION)**

Reference #1

Company Name: Luke's Ace Hardware Contact Name: _____

Address: 310 US 82 CITY: Nocona STATE: Tx ZIP CODE: 76255

*Email address (REQUIRED): acemuenster@yahoo.com

Phone number: (940) 825-3750 Fax number: _____ No of years: _____

Reference #2

Company Name: Cooke County Crushed Stone Contact Name: _____

Address: 8416 US 82 CITY: Muenster STATE: Tx ZIP CODE: 76252

*Email address (REQUIRED): ddenton85@gmail.com

Phone number: (940) 759-4104 Fax number: (940) 759-2929 No of years: _____

Reference #3

Company Name: RDO Equipment Co. Contact Name: _____

Address: 5301 Mark IV Parkway CITY: Fort Worth STATE: Tx ZIP CODE: 76131

*Email address (REQUIRED): RDOAR@rdoequipment.com

Phone number: (800) 950-4905 Fax number: (877) 334-8014 No of years: _____

BANK Reference:

Bank Name: Legend Bank Contact Name: Traci Robertson

Address: 101 W Tattant St. CITY: Bowie STATE: Tx ZIP CODE: 76230

*Email address (REQUIRED): traci.robertson@legend-bank.com

Account #: _____ Phone number: (940) 872-2221 Fax number: _____



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I represent that the above information is true and is given to induce Quality DEF Solutions to extend credit to the applicant. My company and I authorize Quality DEF Solutions to make such credit investigation as Quality DEF Solutions sees fit, including contacting the above trade references and banks and obtaining credit reports from the references named. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Quality DEF Solutions all information concerning the financial and credit history of my company and myself.

Printed name: Kevin L Benton Title: County Judge
Company Name: Montague County

GENERAL TERMS AND CONDITIONS

In consideration of Quality DEF Solutions extending credit to applicant, **applicant agrees to pay to Quality DEF Solutions within (15)⁵⁹ days from the date of invoice for all service calls and items shipped to or on behalf of applicant** and to pay a finance computed at the rate of 1.5% per month (which is an annual percentage of 18 percent) applied to invoices not paid within (15)⁵⁹ days from date of invoice. All payments should be made to the address shown on the invoice. Should it become necessary to place applicant's account for collection, applicant agrees to pay all invoices, finance charges, legal and collection costs. The undersigned states and affirms he has read and understands the above agreement and is an officer of the company with authority to sign this application for credit. Applicant authorizes Quality DEF Solutions to obtain credit and financial information concerning applicant at any time and from any source. Applicant represents and warrants that the information provided herein is true and correct.

***I have read the terms and conditions stated and agree to ALL terms and conditions.**

Name (print): Kevin L Benton Date: May 28, 2024
Signature: [Handwritten Signature] Title: County Judge