

CREDIT APPLICATION

ALL BLANKS MUST BE ANSWERED OR APPLICATION WILL BE REFUSED

General

Information

Business Name _____

Address _____ City _____ State _____ ZIP _____ Parish _____

Billing Address _____ City _____ State _____ ZIP _____ Parish _____

Phone () - _____ Fax () - _____ E-Mail _____

Business CIRCLE ONE

Info

Corporation Partnership Proprietorship LLC Date Established _____

Officer/Owner _____ SSN _____ Title _____

Officer _____ SSN _____ Title _____

Officer _____ SSN _____ Title _____

Business Type _____

Monthly Sales _____ Est. Mthly Prch. _____

Personal Guarantee (must be signed to complete application)

In consideration of an open account privilege, I hereby understand and agree that if it should become necessary to place this account for collection, I shall personally obligate myself and my business entity to pay the entire amount due. In addition, a 1.5% monthly service charge, all attorney fees, and other costs of collection (including court costs) will be paid by my company and myself.

Signed

Date

Print

Salesperson Witness

| | |
|---------------------|--------------------|
| For Office Use Only | |
| Customer # _____ | Terms _____ |
| Salesperson _____ | Credit Limit _____ |



