

Telephone: (337) 224-2341

CREDIT APPLICATION

Please	fill out	this form	completely
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Corporation	Proprietorship	Partner	ship	Subsidiary	(Parent Corporation)
Legal Business Name: Date Established: Resale Permit Number:					
Bill to:			Phone:	()	
Ship to:			Phone:	()	
Purchasing Agent:			Phone: Email:	()	
Accounts Payable Contact:			Phone: Email:	()	
Company Listed with Dun & Dun & Bradstreet Rating:	Bradstreet:	Yes No	Linaii.		
BANK REFERENCE					
Bank Name: Address:			A/C No. : Phone No:	()	
COMMERCIAL REFERENCE	2FS				
	ing credit-volume dollars net/	30 terms			
Firm Name/Account No. Address:					
Contact: Firm Name/Account No. Address:	Phone:	<u>()</u>		Fax: ()	
Contact: Firm Name/Account No.	Phone:	<u>()</u>		Fax: ()	
Address:					
Contact:	Phone:	<u>(</u>)		Fax: ()	
CREDIT LIMITS					
Credit Limit Desired:		is C.O.D.	Acceptable Until Cr	edit is Approved	YES / NO
Amount of Initial Order:			Date	Required:	
Special Billing Instruction:					
Please attach a copy of you	ır sellers certificate				
Owner/Officer Signature:			Title:		
Print Name:			Date:		