



APPLICATION FOR CREDIT

Mailing Address: P.O. Box 15612
Baton Rouge, LA 70895

Physical Address: 12659 South Choctaw
Baton Rouge, LA 70815

Toll Free Phone: 877-626-5680 Local: 225-272-5680 Fax: 225-273-2412

Company Name: _____
Billing Address: _____
City, State, ZIP: _____

Physical Address: _____
City, State, ZIP: _____

Telephone: _____ FAX: _____

Year Established: _____ Type of Business: _____
Federal ID#: _____

TRADE REFERENCES Please provide complete address and FAX number

Firm Name: _____ Telephone: _____
Address: _____ FAX: _____
City, State, ZIP: _____

Firm Name: _____ Telephone: _____
Address: _____ FAX: _____
City, State, ZIP: _____

Firm Name: _____ Telephone: _____
Address: _____ FAX: _____
City, State, ZIP: _____

BANK REFERENCES

Bank Name: _____ Telephone: _____
Address: _____ FAX: _____
City, State, ZIP: _____

State tax exempt? YES NO If yes, please provide tax exempt certificate
Parish tax exempt? YES NO If yes, please provide tax exempt certificate

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING COMMERCIAL CREDIT AND IS TRUE AND CORRECT AS STATED. IT IS AGREED THAT ALL BILLS WILL BE PAID IN ACCORDANCE WITH OUR TERMS OF NET 30 DAYS. IT IS FURTHER AGREED THAT AN 18% PER ANNUM INTEREST CHARGE MAY BE CHARGED ON ALL PAST DUE INVOICES. IN ADDITION, I UNDERSTAND AND AGREE THAT SHOULD IT BECOME NECESSARY TO PLACE THIS ACCOUNT FOR COLLECTION, I SHALL PERSONALLY OBLIGATE MYSELF AND MY CORPORATION OR PARTNERSHIP, IF ANY, TO PAY THE ENTIRE AMOUNT DUE INCLUDING SERVICE CHARGES, INTEREST FROM DUE DATE, 25% COLLECTION AND/OR ATTORNEY'S FEES, AND ALL OTHER COSTS OF COLLECTION INCLUDING COURT COSTS.

SIGNATURE OF OWNER/OFFICER _____ DATE: _____
TITLE _____

HOME ADDRESS: _____
CITY, STATE, ZIP: _____