



2900 Westfork Dr., Ste 300
Baton Rouge, LA 70827
Fax: 225-215-9569

Attention: _____

CUSTOMER INFORMATION

Date _____

Firm Name _____

Mailing Address _____
City State Zip Code

Street Address _____
City State Zip Code

Phone No. _____

Email Address _____ Fax No. _____

ORGANIZATIONAL INFORMATION

*If Individual or Partnership,
Social Security Number must
be entered for each partner*

- Corporation - Partnership - Individual Officers (If a Corporation) or Owner(s) (If an Individual or Partnership):

Type of Business	Name (First, Initial & Last)	Title	Social Security #
Date Started	Residence Address		
No. of Employees	Phone		
Approx. Monthly Requirements-\$	City	State	Zip
Number of Invoice Copies Needed	Name (First, Initial & Last)	Title	Social Security #
Are Purchase Orders Required <input type="checkbox"/> - YES <input type="checkbox"/> - NO	Residence Address		
Person To Contact About Account	Phone		
	City	State	Zip
Is This Business Full Time Occupation of Owners <input type="checkbox"/> - YES <input type="checkbox"/> - NO	Name (First, Initial & Last)	Title	Social Security #
If "NO" Please Explain	Residence Address		
	Phone		
	City	State	Zip

FINANCIAL INFORMATION

Are your financial records available for the last two accounting periods? - YES - NO

If yes, please furnish your most recent. Anticipated Annual Volume \$ _____

Bank Name/Branch/Account #(s)	Address	Officer to Contact
Bank Name/Branch/Account #(s)	Address	Officer to Contact

TRADE REFERENCES

*City, State, Zip Code,
Area Code & Phone #*

Name	Account #	Mailing Address	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OVER

SALES TAX INFORMATION

- Are materials purchased by you for resale? [] Yes [] No
Should state sales tax be added to your invoices? [] Yes [] No
Should parish/county sales tax be added to your invoices? [] Yes [] No
Should city sales tax be added to your invoices? [] Yes [] No

If we should not add state, parish/county or city sales tax to your invoices, please enter your tax exemption number(s) and attach copies of exemption certificates for each taxing authority. Taxes will be charged unless valid exemption certificates are attached.

State of _____ No. _____
Parish/County of _____ No. _____
City of _____ No. _____

Purchaser Agrees That He Assumes Full Liability For Any Non-Taxed Sales Which May Later Be Held Subject To Tax.

TERMS

Payment terms may vary by order and are indicated on our invoices. A service charge of 1-1/2% (18% annually) will be added to past due balances and 25% additional as attorney's fee with a minimum of \$300 if placed for collection, plus all costs of liens. No extended terms such as "Job Completion", etc. are offered.

Warranties are limited to the warranty given by the manufacturer, and in no event will Your 'Other' Warehouse be responsible for installation or labor charges. No returns accepted without prior authorization. Returned merchandise subject to restocking charge. No claims will be allowed for shortages or errors in shipment unless made within ten (10) days after receipt of goods.

The Applicant agrees to notify Your 'Other' Warehouse, in writing, of any change in the form of the Applicant's business or ownership within the five days of such change. Otherwise, the term of this application shall extend to the Applicant and all successor entities.

Applicant authorizes Your 'Other' Warehouse to answer questions from others about Your 'Other' Warehouse's credit experience with the Applicant.

The undersigned Applicant certifies that the information furnished on this application is true and correct and agrees to all terms and conditions of sale of Your 'Other' Warehouse. The Applicant hereby consent(s) to Your 'Other' Warehouse's use of a non-business consumer credit report of the Applicant and/or Guarantor, as well as any business credit report which is available, in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor and/or Guarantor(s) in connection with the extension of business credit as contemplated by this credit application.

IF APPLICANT IS A PARTNERSHIP, ALL PARTNERS MUST SIGN

Signature of Owner or Officer _____ Title _____
Signature of Owner or Officer _____ Title _____

IF APPLICANT IS INCORPORATED, COMPLETE THE FOLLOWING

CONTINUING GUARANTY

Guarantor, in consideration of the extension of credit by Your 'Other' Warehouse, agrees to be jointly, individually and solidarily liable to Your 'Other' Warehouse for any and all sums due by Applicant to Your 'Other' Warehouse of any nature or manner.

This guaranty is a continuing unlimited guarantee that covers any and all indebtedness to Your 'Other' Warehouse whether now or in the future that exists on any and all Applicant accounts existing now or in the future, and may only be modified, revoked or terminated by written notice to an officer of Your 'Other' Warehouse, by Certified Mail Return Receipt Requested. No modification, revocation or termination hereof shall affect, in any manner, rights arising under this guaranty with respect to liabilities which may have been created, contracted, assumed or incurred prior to receipt by Your 'Other' Warehouse of such written notice.

Guarantor waives notice to or the consent of said Guarantor to any extensions, releases and discharges and/or changes of credit terms whatsoever.

The Applicant agrees and consents that facsimile signature shall be deemed original signature for all purposes in connection herewith.

Witness _____ Guarantor (Print Name) _____ Date _____
Witness _____ Guarantor (Signature) _____ Date _____