



Does your Company require a PO? Y / N (circle one)

Authorized Person(s) to Charge:

How would you like to receive Statements? E-mail Mail

Would you like to receive an extra copy of invoice by? E-mail no extra copies

E-mail address _____

I HEREBY PERSONALLY GUARANTEE PAYMENT ON THIS ACCOUNT:

Name _____ Phone # _____

Address _____
Street City State Zip

Signature _____ Print _____

Title _____ Date _____

AUTHORIZATION:

I hereby authorize the purchase of products and services and I will personally guarantee prompt payment on or before the 10th day of the following month for any and all purchases, together with interest at the rate of 1.5% per month (18% annum) on balances over thirty days plus all cost of collection including reasonable attorney's fees.

Signature _____ Date _____
(Individually)

Print Name _____ Title _____

PLEASE MAIL SIGNED ORIGINAL TO:

**Caddo Paint Co
480 E Bert Kouns
Shreveport, LA 71106-8127**