



480 E Bert Kouns  
Shreveport, La 71106-8127  
Phone: 318.869.3000  
Fax: 318.869.3059

2050 Benton Rd  
Bossier City, La 71111  
Phone: 318.746.2700  
Fax: 318.746.2009

4120 Hearne Ave  
Shreveport, La 71103  
Phone: 318.631.4542  
Fax: 318.631.1659

## ***Company Credit Application***

Incorporated  Partnership  Proprietorship

FOR OFFICE USE ONLY    Acct # \_\_\_\_\_                      Salesman \_\_\_\_\_  
Credit Limit \_\_\_\_\_                      Approved by \_\_\_\_\_

Date \_\_\_\_\_

**Name of Company** \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_                      Sales Tax # \_\_\_\_\_  
(Attach Exemption or Resale Certificate if applicable)

Phone # \_\_\_\_\_                      Date Business Established \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street                      City                      State                      Zip

Billing Address \_\_\_\_\_  
Street                      City                      State                      Zip

Home Office \_\_\_\_\_  
Street                      City                      State                      Zip

**Name of Bank** \_\_\_\_\_                      Branch Officer's Name \_\_\_\_\_

Address \_\_\_\_\_                      Phone # \_\_\_\_\_  
Street                      City  
State                      Zip

### **CREDIT REFERENCES (Suppliers References, Not Personal References or Financial Institutions)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_



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

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Authorized Person(s) to Charge:

\_\_\_\_\_  
\_\_\_\_\_

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

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

E-mail address \_\_\_\_\_ Fax # \_\_\_\_\_

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**I HEREBY PERSONALLY GUARANTEE PAYMENT ON THIS ACCOUNT:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Signature \_\_\_\_\_ Print \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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**AUTHORIZATION:**

I hereby authorize the purchase of products and services and I will personally guarantee prompt payment on or before the 10<sup>th</sup> 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 \_\_\_\_\_

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**PLEASE MAIL SIGNED ORIGINAL TO:**

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