



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

Individual Credit Application

FOR OFFICE USE ONLY Acct # _____ Salesman _____

Credit Limit _____ Approved by _____

Date _____

Name _____ Spouse's Name _____

Address _____ Social Security # _____

Street

City

State

Zip

Driver's License # _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Billing Address _____

Street

City

State

Zip

Place of Employment _____ Phone # _____

Name of Bank _____ Branch Officer's Name _____

Address _____ Phone # _____

Street

City

State

Zip

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 _____

AUTHORIZATION:

By your signature below, you hereby authorize us to obtain a credit report for the sole purpose of extending credit.

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 _____
(Individually)

Print Name _____

PLEASE MAIL SIGNED ORIGINAL TO:

**Caddo Paint Co
480 E Bert Kouns**

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