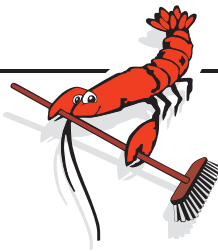


Lake City • East Texas

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fax 409.984.5301

CREDIT APPLICATION

BILLING INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Person to contact in Accounts Payable _____ Email: _____

Is a purchase order required? Yes No

Name(s) of Individuals with Purchasing Authorization: 1) _____

2) _____ 3) _____

If Blanket PO, list number and expiration date: _____

Is your work taxable? Yes No

If not, please attach copy of ALL certificates and list your tax exempt or resellers number: _____

How may we send your invoices? Please check: Email _____ Fax _____ Mail _____

SHIPPING INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

OWNERSHIP:

___ Proprietorship: Owner's Social Security # _____ Partnership ___ Corporation

Dun & Bradstreet Number: _____

FINANCE:

Bank Name: _____

Address: _____

Account #: _____ Phone Number: _____

Person to contact at bank: _____

TRADE REFERENCES:

List trade references of companies with whom you have been doing business on open account for at least three months:

	NAME	ADDRESS	ZIP	PHONE NUMBER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

We certify that all the information on this form is correct. Omission of information from this application may delay credit processing. We fully understand that your credit terms are **Net 30 Days** and agree to the proper payment in consideration of extended credit.

Signature: _____ Title: _____ Date: _____