

Louisiana Supply Unlimited, Inc.

311 Equity Blvd.
Houma, La. 70360
Phone: (985) 223-2842 Fax: (985) 223-2866

Application for Credit

GENERAL INFORMATION:

Applicant Name: _____
Physical Address: _____
City, State, Zip: _____
Billing Address: _____
City, State, Zip: _____
Business # _____ Fax# _____
Federal ID Number: _____ Tax Exempt? _____ if yes, please attach copy of form
Business Start Date: _____ Description of Business: _____

FINANCIAL INFORMATION:

Bank Name: _____ Address: _____
City, State, Zip: _____ Contact: _____
Phone: _____ Fax: _____
Account # _____

CREDIT REFERENCE:

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Contact: _____ Contact: _____

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Contact: _____ Contact: _____

This information is submitted by the undersigned for the purpose of obtaining credit at Louisiana Supply Unlimited, Inc. All statements in the application represent the financial condition of the applicant and are warranted to be true and correct. The undersigned agrees to pay all invoices within the terms on NET 30 days on the invoice date. In the event a delinquent account is placed in the hands of a licensed collector or attorney, the applicant agrees to pay, in addition to the amount of the delinquent billing all reasonable attorney fees and collector fees.

Authorized Signature _____ Title: _____
Date: _____

Please Fax application to (985)223-2842 Attn. Jenny Bent