

Acadiana's Office Products Application for credit account

Acct# _____ Slsm# _____ Route# _____ Disc _____ Action _____

Customer Name _____

Bill To Address

Address _____ Suite _____
 City _____ St _____ Parish _____ Zip _____ [____]

Ship To Address

Address _____ Suite _____
 City _____ St _____ Parish _____ Zip _____ [____]

Phone Number _____ - _____ - _____ **Fax** _____ - _____ - _____

Credit Limit \$ _____ Taxable Y/N _____

Dept. _____

Name _____

Contact _____

E-mail _____

The following information must be completed in full and will be held in the strictest confidence.

Sales tax percentage to be charged to your account _____ **If you are tax exempt, please include a copy of your tax exempt certificate.**

Are purchase orders required on your invoices? (Yes or No) _____

Ownership

Corporation Partner Individual Government
 Check here if incorporated within the last 12 months.

Name of Principle (s) _____ Address _____ Phone _____

Person in charge of Accounts Payable _____

References

Name of Bank _____ Address _____ Phone _____

Trade Reference _____ Address _____ Phone _____

Trade Reference _____ Address _____ Phone _____

Trade Reference _____ Address _____ Phone _____

Terms: All invoices are due and payable in Lafayette, Lafayette Parish, Louisiana by the 10th of the month following date of the purchase. If full payment is not made by the 10th, the net amount becomes due and payable and interest charges will be added at a monthly rate of 1.5 percent (A.P.R. 18%). All payments made on account will be applied to accrued interest then towards principle. In the event suit should be necessary to collect past due amounts, buyer will pay the amounts actually incurred by Acadiana's Office Products as court costs and attorney's fees.

Print Name _____ Title _____

Signature _____ Date _____

Please Sign and Fax to 337-233-6949