



**PO BOX 2409
CROWLEY, LA 70527
337-232-1733 FAX: 337-232-2045
receivables@team-accounting.com**

ALL Credit Application information fields are required

Application information is to be filled out even when providing separate company information sheet

- Trade references are required
- Include AP contact information; contact name, email, phone, etc
- Include W9
- Include any applicable Tax Exempt documents
- The Application must be signed and dated

Send completed application to receivables@team-accounting.com

Incomplete information will delay the application process



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CREDIT APPLICATION / INFORMATION SHEET

Date _____
 Company Name _____
 Type of Business _____ How Long in Business _____
 Street Address _____
 City _____ State _____ Zip _____
 Mailing Address (If different from above) _____
 City _____ State _____ Zip _____
 Business Phone _____ Business Fax _____
 Website Address _____ Email Address _____
 Previous Address (If less than 2 yrs at above address) _____
 City _____ State _____ Zip _____
 Accounts Payable Contact _____ PH: _____
 Accounts Payable Email: _____

INVOICES AND STATEMENTS WILL BE SENT VIA EMAIL UNLESS OTHERWISE STATED.

Purchasing Agent _____
 Products Sold _____

Type of Company: Sole Proprietorship Partnership Corporation State of _____
 Tax Exempt? YES NO, If yes, please provide tax exempt certificate.

OWNERS

Full Name _____ Social Security # _____
 Home St Address _____
 City _____ State _____ Zip _____
 Phone _____

Full Name _____ Social Security # _____
 Home St Address _____
 City _____ State _____ Zip _____
 Phone _____

CORPORATION

Officer Full Name _____ Title _____
 Officer Full Name _____ Title _____
 Federal ID# _____

Building Own MortgageHolder _____ Phone _____
 Rent Landlord _____ Phone _____

Bank Name _____ City _____ State _____ Zip _____
 Account # _____ Phone _____

BUSINESS TRADE REFERENCES/INCLUDE ACCOUNT NUMBER AND FAX OR EMAIL ADDRESSES

BUSINESS _____ ACCT# _____
TELEPHONE _____
FAX _____
EMAIL _____
ADDRESS _____
ACTIVE YEARS _____

BUSINESS _____ ACCT# _____
TELEPHONE _____
FAX _____
EMAIL _____
ADDRESS _____
ACTIVE YEARS _____

BUSINESS _____ ACCT# _____
TELEPHONE _____
FAX _____
EMAIL _____
ADDRESS _____
ACTIVE YEARS _____

Applicant guarantees that all goods from *creditor* will be purchased for resale from a commercial location and attests that any and all applicable sales tax fees will be paid.

Please **attach a copy** of your state retail tax certificate & your W-9

Amount of Credit Requested _____

If any of the information requested is not available, this application will be withdrawn. We will reserve the right to terminate distribution if any information on this form at any future date is found to be incorrect or misrepresented. We reserve the right to review any change of business or location information at which time we may refuse further distribution of our product.

As applicant(s), my/our signature attests financial responsibility and willingness to pay all *creditor* invoices per agreed terms (net 30th of the month following the month of purchase unless stated otherwise) and to maintain the account within limits of credit granted. I/We also understand that a monthly service charge of 1 1/2% can be assessed to accounts delinquent over 45 days. In the event it becomes necessary to place the account with a Collection Agency and/or attorney, I/we agree to pay all charges and expenses related to said collection effort, including, but not limited to, reasonable attorney's fees and post judgment interest. It is also agreed that in the event a suit should take place, I/we hereby waive the right to a trial by jury and waive the privilege of the suit taking place in the county of my/our residence and/or business and agree that suits may be brought in *creditors county and state*.

The above information is for the purpose of obtaining credit only, and is warranted to be true. I/We hereby authorize *creditor* to investigate the references listed pertaining to my/our credit and financial responsibility.

Company Name _____

Signature _____

Title _____

FOR OFFICE USE ONLY:

LIMIT:

APPROVAL

DATE: