

# Intek Corporation - South

9542 Brookline Ave., Suite A, Baton Rouge, Louisiana 70809 \* 225-293-1506 \* 800-554-3130 \* Fax: 225-926-1232

## CREDIT APPLICATION

Date: \_\_\_\_\_

### Customer Information:

Legal Company Name: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Ship to address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business? \_\_\_\_\_ Date Established: \_\_\_\_\_ How long at present location? \_\_\_\_\_

### Name and Title of Principal Owners and Officers:

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security#: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security#: \_\_\_\_\_

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Dun & Bradstreet (D&B) # \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

Sales Tax Parish or County: \_\_\_\_\_ Attach any tax exemption certificates.

### Bank References:

1. Bank Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Vendor References:

1. Vendor Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Vendor Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Vendor Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Terms – Net 30 Days. All invoices are due within 30 days. A finance charge of 1.5% per month (APR 18%) will be applied on all invoices over 30 days. Attorney or collection fees, if any, are additional and will be added.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_