

SCHOOL AIDS

9335 Interline Avenue • Baton Rouge, Louisiana • 225-923-0294

Credit Application Form # 0703

Please fax application to 225-923-1650. Should you have any questions regarding this application, we can be reached locally at 225-923-0294 or toll-free at 1-800-673-1576.

Business Name: _____ Date: _____
(Please Print)

Phone: _____ Fax: _____ Years in Business: _____
(Include Area Code) (Include Area Code)

Owner(s) Name(s): _____ Managers Name: _____
(Please Print) (Please Print)

Signature: _____
(Please Print)

Bill To Address:

Attention: _____

Street: _____

City: _____

State: _____

Zip: _____

Parish/Country: _____

Ship To Address:

Attention: _____

Street: _____

City: _____

State: _____

Zip: _____

Parish/Country: _____

If tax exempt, please send copy of tax certificate.

Years located at current address: _____ If less than two year, what was the previous address: _____

Street: _____ City/State/Zip: _____

Bank Reference

Bank Name: _____ Branch: _____

Account #: _____ Contact Person: _____

Address: _____ City/State/Zip: _____

Supplier References (Please complete 3 references)

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

We believe our firm is financially able to meet any commitments we have made and we expect to pay all invoices according to terms: Net 30 days. I understand a service charge of 1 ½% per month will be charged on past due accounts, plus cost of collection and attorney fees. I personally guarantee payment of any and all indebtedness of the account and agree to be bound by the above terms and conditions.

Signature: _____ Title: _____ Date: _____

For Office Use Only

Date Approved: _____ Customer #: _____ Signature: _____