

# 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 10<sup>th</sup> of the month following date of the purchase. If full payment is not made by the 10<sup>th</sup>, 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