



1789 I 49 S service rd, Grand Coteau Louisiana 70541
toptimbermats@gmail.com
3187174042

CREDIT APPLICATION

Company Name:

Physical Address:

City:

State:

Zipcode:

Telephone:

Fax:

Billing Address (if different):

City:

State:

Zipcode:

Type of Business (ie: Sole Ownership, Partnership, Corp, Etc.):

Years in Business:

D-U-N-S #:

Tax Exempt

Please check: No - Yes (If yes, please provide a copy of your tax exemption certificate)

Accounts Payable Contact:

Accounts Payable Phone:

Accounts Payable Email:

Partners & Corporate Officers

Name, Title, Phone:

Name, Title, Phone:

Name, Title, Phone:

Bank References

Primary Bank Name:

Account #:

Address:

Contact Name:

Email:

Trade References

Primary Bank Name:

Account #:

Address:

Contact Name:

Email:

Primary Bank Name:

Account #:

Address:

Contact Name:

Email:

Primary Bank Name:

Account #:

Address:

Contact Name:

Email:

I certify that the above information is true, to the best of my knowledge. The information is to be used solely for the purpose of opening an account.

Sign, Title, Date:

(Title,Date)