

PREMIER PRODUCTS, INC.
P O BOX 7269 MONROE LA 71211
318-361-0796 FAX: 318-323-5068

CREDIT APPLICATION

PLEASE COMPLETE PAGE 1 AND 2. IF NOT COMPLETED, IT WILL CAUSE A DELAY OR POSSIBLE DENIAL IN PROCESSING YOUR CREDIT APPLICATION.

COMPANY NAME:

DIVISION OF:

MAILING ADDRESS:

SHIPPING ADDRESS:

TELEPHONE:

FAX:

EMAIL:

() CORPORATION () PARTNERSHIP () INDIVIDUAL () OTHER _____

OWNER/OFFICERS NAMES:

CONTACT IN PURCHASING:

CONTACT IN ACCOUNTS PAYABLE:

HOW LONG IN BUSINESS _____ ANNUAL DOLLAR SALES _____
NUMBER OF EMPLOYEES _____

****ATTACH MOST RECENT COPY OF FINANCIAL STATEMENTS****

CREDIT TERMS OF SALE: 1% 10 NET 30 DAYS; ANY ACCOUNT WHICH AGES 45 DAYS WILL BE SUBJECT TO CREDIT HOLD UNTIL CURRENT. ANY ACCOUNT WHICH AGES BEYOND 60 DAYS AND IS REFERRED TO AN OUTSIDE COLLECTION AGENCY WILL BE RESPONSIBLE FOR INTEREST AND ANY COLLECTION COSTS. SHOULD FURTHER LEGAL ACTION BECOME NECESSARY ALL COURT COST AND ATTORNEY FEES WILL BE ADDED TO THE DEBTOR'S ACCOUNT.

I/WE AGREE TO HONOR SUCH CREDIT TERMS GRANTED BY PREMIER PRODUCTS INC.

SIGNATURE

TITLE

DATE

****SALES TAX EXEMPTION CERTIFICATE****

PLEASE ENCLOSE A SIGNED SALES TAX EXEMPTION CERTIFICATE FOR YOUR LOCATION. ALL APPLICABLE SALES TAX WILL BE CHARGED IF NOT RECIEIVED.

CURRENT CREDIT REFERENCES

1. BANK:

ADDRESS:

TELEPHONE:

CONTACT:

2. BANK:

ADDRESS:

TELEPHONE:

CONTACT:

TRADE REFERENCES

1. COMPANY NAME:

ADDRESS:

TELEPHONE:

CONTACT:

FAX:

2. COMPANY NAME:

ADDRESS:

TELEPHONE:

CONTACT:

FAX:

3. COMPANY NAME:

ADDRESS:

TELEPHONE:

CONTACT:

FAX:

4. COMPANY NAME:

ADDRESS:

TELEPHONE:

CONTACT:

FAX:

OTHER PERTINENT INFORMATION: