



# CREDIT APPLICATION

## FOR OFFICE USE ONLY

REMIT TO: P.O. BOX 3869 • 6847 GREENWOOD RD.  
SHREVEPORT, LOUISIANA 71133-3869  
(318) 631-5100

Credit for:  Service  Parts  Rental  Sales

Salesman \_\_\_\_\_ Branch \_\_\_\_\_

Amount of Credit Expected \_\_\_\_\_

Order Pending:  Yes  No

\$ \_\_\_\_\_ Ship Date \_\_\_\_\_

Date \_\_\_\_\_ Acct. No. \_\_\_\_\_

Amount \_\_\_\_\_

Tax Code \_\_\_\_\_ Stmt. Cycle \_\_\_\_\_

CSS \_\_\_\_\_ Equip \_\_\_\_\_

Allied \_\_\_\_\_ Rental \_\_\_\_\_

Battery \_\_\_\_\_ Aerial \_\_\_\_\_

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

D.B.A. \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Parish or County \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Business Structure:  Individual  Partnership  Corporation

If Individual or Partnership: Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Owner Name(s), Home Address and Phone Number: \_\_\_\_\_

Street (Shipping) Address: \_\_\_\_\_

Inside city limits  Outside city limits

Inside P.J.  Outside P.J.

If Corporation: State Incorporated \_\_\_\_\_

Branch:  Yes  No  Pay Locally  Pay by HDQ

Parent Company Name (if applicable): \_\_\_\_\_

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

Date Business Started \_\_\_\_\_

Taxable?  Yes  No (Please attach appropriate certificates.)

Purchase Order Required?  Yes  No

Federal Tax ID # \_\_\_\_\_

Monthly Statement Required?  Yes  No

State Sales Tax # \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

City Sales Tax # \_\_\_\_\_

### THE UNDERSIGNED AGREES TO THE FOLLOWING:

- Terms** As stated on individual invoice.
- Returned Checks** A service charge of \$15.00 may be applied to any returned check.
- Returns** Restocking charge on all goods returned for credit may be applied.
- Additional Fees** In the event collection proceedings are begun to enforce payment, I/We agree to pay 50% of the amount of indebtedness as attorneys fees. In addition, I/We agree to be responsible for the payment of all costs, expenses and court costs incurred in the collection of this debt along with any other remedy available by law.

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: SIGNATURES IS REQUIRED BEFORE CREDIT CAN BE APPROVED.**

If this box is checked, the "Guaranty Agreement" must also be completed.

### GUARANTY AGREEMENT:

The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked except by written agreement with creditor.

(Personal Guarantor)

(Personal Guarantor)

Please complete reverse

Please return with this application a copy of your most recent Financial Statement (preferable signed and audited), U.S. Tax Return, or other financial information which would assist us in considering your request for credit. Rest assured that any information provided will be held in strictest confidence and be used only for our credit granting purposes.

If the above information cannot be provided, please indicate the reason \_\_\_\_\_

PLEASE COMPLETE IN FULL:	OFFICE USE ONLY:
<b>BANK REFERENCE</b> Name _____ Address _____ City/State/Zip _____ Phone # _____ Officer _____ Checking Acct. # _____ Savings Acct. # _____	# Years _____ Contact _____ Checking Average _____ Rating _____ # NSF's _____ Savings Average _____ Loans & Type _____ Payout _____ # Pmts _____ Rating _____ # Pmts _____ # Past Due Notices _____ Comments _____
<b>TRADE REFERENCE</b> Name _____ Address _____ City/State/Zip _____ Phone # _____ Acct. # _____ Contact _____	# Years _____ Contact _____ Recent High _____ Last Purchase _____ Owing \$ _____ Past Due _____ Terms _____ <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 Pay Habits _____ Comments _____
<b>TRADE REFERENCE</b> Name _____ Address _____ City/State/Zip _____ Phone # _____ Acct. # _____ Contact _____	# Years _____ Contact _____ Recent High _____ Last Purchase _____ Owing \$ _____ Past Due _____ Terms _____ <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 Pay Habits _____ Comments _____
<b>TRADE REFERENCE</b> Name _____ Address _____ City/State/Zip _____ Phone # _____ Acct. # _____ Contact _____	# Years _____ Contact _____ Recent High _____ Last Purchase _____ Owing \$ _____ Past Due _____ Terms _____ <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 Pay Habits _____ Comments _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with invoice terms.

The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Louisiana Lift and Equipment, Inc./Allift Equipment to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_