



Given By _____

APPLICATION FOR CREDIT

Name of Company		E-mail Address	Date
Street Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Are You Located Within The City Limits	Type of Business	Date Business Started	
Yes No			
Corporation* Partnership* Individual	Bus. Phone	Fax	If New, Former Owner
Name of Owner(s)	Address	Social Security Number	Telephone Number

Please Complete if Partnership or Individual

Spouse's Name	Social Security Number	Employer	How Long	Owner's Employment	How Long

***** Important *****

Kaiser Supply must have a signed copy of a valid exemption certificate in order to not charge sales tax.

Monthly Statement	Do You Require Purchase Orders
Yes No	Yes No - Written Verbal
A/C Licensed Individual Doing Maintenance Work	

BANK REFERENCES

Name of Bank	Address	Telephone

THREE CREDIT REFERENCES OF OTHER SUPPLY FIRMS OR MANUFACTURERS

Name	Address	Telephone

Terms

Net 15th Prox. Becomes delinquent on 30th of the month following month of purchase. 1-1/2% per month (18% per year) service charge imposed on all past due amounts. Delinquent accounts subject to being placed on COD.

In Consideration of an open account privilege, I hereby understand and agree that should it become necessary to place this account for collection I shall personally obligate myself and my corporation, if any, to pay the entire amount due, including service charges, plus legal interest from due date, twenty-five percent (25%) collection and/or attorney fees, and all costs of collection, including court costs.

I agree to pay my account in accordance with your terms, and in the event of a change of ownership of our business, to notify Kaiser Supply in writing and understand that in the event I fail to notify you of a change in ownership, I will continue to be personally liable for this account.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

***Notice - Corporation partnership personal guarantee on back must be signed by owner and/or officer for credit to be established.**

Signature of Applicant	
Title	

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

PERSONAL GUARANTEE

In consideration of Kaiser Supply's extension of credit and open account privileges to the above applicant, I (we) do hereby agree to obligate myself (ourselves) personally and to be bound in solido with applicant for the entire amount due, including service charges, plus legal interest from due date, twenty-five percent (25%) collection and/or attorney's fees and all costs of collection, including court costs.

This is a continuing guarantee which may be enforced before or after proceeding against the applicant or any security and shall remain in effect until actual receipt by you of notice of termination from the undersigned(s) by registered mail, but such termination shall not be effective with respect to liabilities incurred or purchase orders approved prior to receipt of such notice, and termination by any one of the undersigned shall not be effective with respect to any of the undersigned not giving due notice of termination.

Signature

Address

Signature

Address

Signature

Address

ADMINISTRATIVE OFFICE: 11844 South Choctaw Drive * Baton Rouge, Louisiana 70815-2184 * 225/273-1740 * 800/324-1258 * Fax 225/273-1763

627B Distributors Row
Harahan, LA 70123-3205
504/733-8982
800/749-9711
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