

ECONOMICAL JANITORIAL & PAPER SUPPLIES, INC.

P.O. BOX 23607 • NEW ORLEANS, LA 70183-3607 • 504.464.7166 • FAX 504.465.9563 • WWW.ECONOMICALJANITORIAL.COM

CREDIT APPLICATION

DATE: _____

SALESMAN: _____

PAYMENT TERMS REQUESTED

CASH ONLY

C.O.D. (to be paid with cash, check or credit card only)

TERMS NET _____ DAYS (CREDIT LIMIT REQUESTED: _____)

CREDIT CARD VISA MASTER CARD AMERICAN EXPRESS DISCOVER

CARD NUMBER _____ EXP. DATE _____

BUSINESS INFORMATION

SECURITY CODE _____

BUSINESS NAME: _____

PHONE: _____ FAX: _____ OTHER: _____

BILLING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

SHIPPING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

OWNER'S NAME: _____

OWNER'S RESIDENTIAL ADDRESS: _____

OWNER'S SOCIAL SECURITY NUMBER or FEDERAL I.D.: _____

OWNER'S DRIVER'S LICENSE: _____

TYPE OF BUSINESS: _____ DATE OPENED: _____

BUILDING: OWN RENT

TYPE OF OWNERSHIP

SOLE OWNERSHIP PARTNERSHIP CORPORATION L.L.C.

PRIMARY ACCOUNT CONTACT: _____

DOES YOUR COMPANY USE PURCHASE ORDERS? _____

If yes, is a Purchase Order Number required for every Purchase? Yes No

PERSONS AUTHORIZED TO UTILIZE THIS ACCOUNT? _____

TAXABLE PARISH: _____ TAXABLE RATE: _____

TAX EXEMPT NUMBER: _____

(If applicable – A copy of your Tax Exemption must accompany the Credit Application.)

BANKING INFORMATION

BANK: _____ ACCT: _____ () CHECKING
() SAVINGS

OFFICER: _____ PHONE NUMBER: _____

BANK: _____ ACCT: _____ () CHECKING
() SAVINGS

OFFICER: _____ PHONE NUMBER: _____

CREDIT REFERENCES

NAME: _____ PHONE NO. _____

FAX NO. _____

NAME: _____ PHONE NO. _____

FAX NO. _____

NAME: _____ PHONE NO. _____

FAX NO. _____

PAYMENT AGREEMENT AND PERSONAL AND/OR CORPORATE GUARANTEE

In consideration of any credit extended to _____ "PURCHASER" the undersigned purchaser and guarantor hereby agree and guarantee(s) to full and prompt payment at maturity of all invoices that they receive for merchandise furnished. The undersigned purchaser and guarantor further bind(s) himself (THEMSELVES) in solido and agrees to pay a 1-1/2% per month (or the maximum allowed by law) service charge should the account become delinquent and all costs as well as 33-1/3% attorney or collection fees should the indebtedness have to be collected by an attorney or outside sources. Also in accordance with the customer credit protection act, I/We and Purchaser authorize Economical Janitorial and Paper Supplies, Inc. to secure credit reports to be used in determining the advisability of extending commercial or business credit.

APPLICANT SIGNATURE: _____ DL# _____

Please Print Name: _____

GUARANTOR SIGNATURE: _____ DL# _____

Please Print Name: _____

() PRICED INVOICE W/ ORDER () SEPARATE MAILED INVOICE

SHIPPING INSTRUCTIONS: _____

BILLING INSTRUCTIONS: _____

INTERNAL OFFICE ONLY : Credit Approved by: _____

Account set up by: _____

Account Number: _____ Date Set Up: _____

Sales ID's ____/____ Default Ship Via: _____

Dept. Initial _____ Revision of current application: _____

Dept. Initial _____ Other Special Terms and Conditions: _____

For your convenience, you can also email a scanned signed credit application at 200 dpi in PDF format to ebrauner@economicaljanitorial.com or fax to 504-210-4038