



26929 HAGEN DRIVE • SLAUGHTER, LA 70777

WHOLESALE SIGN SUPPLIES

1.800.735.7446 | 1.225.654.3693 | FAX 1.225.654.6378

CREDIT APPLICATION, pg 1 of 2

To be completed by owner or principal.

When giving supplier references, please list a phone number that will work from all areas, not just from your state if using an "800" number. **Listing fax numbers will speed your application** because most suppliers give credit information only by fax. We do run a credit check on the owner or principal of the company. Good credit on the owner or principal can speed approval of the application if there is a supplier who is slow to respond on a credit inquiry. All information is for our company credit department and will be kept confidential.

- Credit information from suppliers can take up to two or three weeks. (Please note this if you have a pending order waiting on credit approval.)

All blanks must be filled out. Applications with empty blanks will NOT be processed.

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|--|--------------|------------------------|---------------------------|---------------|
| DATE OF APPLICATION | | COMPANY NAME | | | |
| ADDRESS | | | CITY | STATE | ZIP |
| PHONE NUMBER | | FAX NUMBER | | YEAR BUSINESS ESTABLISHED | |
| FULL NAME OF OWNER OR PRINCIPAL | | | SOCIAL SECURITY NUMBER | | DATE OF BIRTH |
| HOME ADDRESS | | | | HOME PHONE NUMBER | |
| CHECK ONE: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | | | | | |
| BANK NAME | | BANK OFFICER | | PHONE NUMBER | |
| ADDRESS | | | CITY | STATE | ZIP |
| CHECKING ACCOUNT NUMBER | | D & B NUMBER | | CREDIT AMOUNT REQUESTED | |

TRADE REFERENCES

| | | | | | |
|--------------|--|------------|------|-------|-----|
| COMPANY NAME | | | | | |
| ADDRESS | | | CITY | STATE | ZIP |
| PHONE NUMBER | | FAX NUMBER | | | |

| | | | | | |
|--------------|--|------------|------|-------|-----|
| COMPANY NAME | | | | | |
| ADDRESS | | | CITY | STATE | ZIP |
| PHONE NUMBER | | FAX NUMBER | | | |

| | | | | | |
|--------------|--|------------|------|-------|-----|
| COMPANY NAME | | | | | |
| ADDRESS | | | CITY | STATE | ZIP |
| PHONE NUMBER | | FAX NUMBER | | | |

OWNER OR PRINCIPAL SIGNATURE

PRINT NAME

| | | | | | |
|-------------------|--|------------------|--|-------------------|--|
| FEDERAL ID NUMBER | | STATE TAX NUMBER | | COUNTY TAX NUMBER | |
|-------------------|--|------------------|--|-------------------|--|



CREDIT APPLICATION, pg 2 of 2

To be completed by owner or principal.

When giving supplier references, please list a phone number that will work from all areas, not just from your state if using an "800" number. Listing fax numbers will speed your application because most suppliers give credit information only by fax. We do run a credit check on the owner or principal of the company. Good credit on the owner or principal can speed approval of the application if there is a supplier who is slow to respond on a credit inquiry. All information is for our company credit department and will be kept confidential.

- Credit information from suppliers can take up to two or three weeks. (Please note this if you have a pending order waiting on credit approval.)

All blanks must be filled out. Applications with empty blanks will NOT be processed.

CREDIT AUTHORIZATION

I _____ of (company) _____

do hereby authorize all banks, savings and loan associations, lending institutions, credit reporting agencies, credit bureaus, suppliers and any other businesses that may have credit information and/or credit history concerning the indicated business or person listed on the Credit Application to furnish complete credit reports and information to DENVER SIGN SUPPLY CO., INC.

SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

PERSONAL GUARANTEE

I _____ of (company) _____

do hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I promise to pay a finance charge of 1.5% per month on all balances past 30 days from the invoice date.

I hereby personally guarantee all open account charges including finance charges and all reimbursement costs of collection, including court costs and attorney fees.

SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

Attn: LOUISIANA CUSTOMERS

A copy of the following 2 documents will need to be faxed or mailed to us upon the opening of your account:

- 1) Louisiana Sales Tax Certificate**
(The Louisiana Department of Revenue and Taxation requires that we keep a copy.)
- 2) Blanket Certificate of Exemption (OR) Parish Sales Tax Certificate**
(A current signed copy is needed.)