

# THE A. F. DAVIDSON CORPORATION

1410 E. TUNNEL BLVD.  
HOUMA, LA 70363  
PHONE 985-872-5376  
FAX 985-851-7916



DATE: \_\_\_\_\_

## ~ APPLICATION FOR OPEN ACCOUNT ~

NAME OF FIRM / INDIVIDUAL \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ STATEMENT OPTION (CHECK ONE OR BOTH)  EMAIL  FAX

E-MAIL ADDRESSE(s) (comma separated list of emails) \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP / POSTAL \_\_\_\_\_

THE TERMS FOR AN ACCOUNT ARE NET 10TH. THIS MEANS ALL PURCHASES MADE THIS MONTH ARE DUE TO BE PAID IN FULL BY THE 10TH DAY OF THE FOLLOWING MONTH.

PLEASE INITIAL ACKNOWLEDGING  
ACCEPTANCE OF THESE TERMS

TAX EXEMPT  YES  NO

IF YES PLEASE PROVIDE COPIES OF YOUR EXEMPTION CERTIFICATES, STATE AND PARISH/COUNTY. FAILURE TO PROVIDE DOCUMENTATION WILL RESULT IN TAXES BEING CHARGED FOR ALL PURCHASES.

BANK NAME / ADDRESS / PERSON TO CONTACT \_\_\_\_\_

NAME OF PRIMARY PURCHASING AGENT OR BUYER \_\_\_\_\_

IS A PURCHASE ORDER REQUIRED  YES  NO

TYPE OF BUSINESS \_\_\_\_\_

IT IS AGREED AND UNDERSTOOD THAT A SERVICE CHARGE OF 1.5% PER MONTH SHALL BE APPLIED TO THE PAST DUE BALANCE AND AS AN AUTHORIZED REPRESENTATIVE OF THE COMPANY OR THE NAMED INDIVIDUAL I HEREBY AGREE TO PAY SAID SERVICE CHARGE.

I FURTHER AGREE TO PAY DIRECTLY OR REIMBURSE YOU FOR ANY ATTORNEY FEES, COURT COST AND EXPENSES INCURRED BY YOU IN ENFORCING YOUR RIGHTS, UP TO AN AMOUNT EQUAL TO 25% (\$250.00 MIN) OF ANY AMOUNT SOUGHT TO BE COLLECTED.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_

**\*\* PLEASE SEE REVERSE SIDE \*\***

## REFERENCES

PLEASE FURNISH CREDIT REFERENCES BELOW:

### REFERENCES:

NAME \_\_\_\_\_

FAX# / EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

FAX# / EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

FAX# / EMAIL \_\_\_\_\_

## PERSONAL GUARANTY

IN CONSIDERATION OF THE A. F. DAVIDSON CORPORATION EXTENDING AT MY/OUR REQUEST CREDIT TO  
(COMPANY/INDIVIDUAL NAME(S)) \_\_\_\_\_

I/WE HEREBY PERSONALLY GUARANTEE TO YOU THE PAYMENT AT 1410 EAST TUNNEL BLVD., HOUMA, LA 70363 OF ANY OBLIGATION OF THE COMPANY/INDIVIDUAL AND WE HEREBY AGREE TO BIND OURSELVES TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE GUARANTY AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY/INDIVIDUAL. I/WE DO HEREBY WAIVE NOTICE OF DEFAULT, NON-PAYMENT AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT

### AGREEMENT HEREBY GUARANTEED.

PRINTED NAME \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SOC SECURITY# \_\_\_\_\_

SOC SECURITY# \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE# \_\_\_\_\_

PHONE# \_\_\_\_\_

OPTIONAL: PLEASE LIST THE NAMES OF INDIVIDUALS THAT ARE ALLOWED TO CHARGE TO THE ACCOUNT. IF YOU CHOOSE TO LIST ANYONE HERE THE ACCOUNT WILL BE LIMITED TO ONLY THOSE INDIVIDUALS. ANY FUTURE CHANGES WILL REQUIRE WRITTEN AUTHORIZATION.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

**ADDITIONAL INFORMATION** (please provide any additional information that may be helpful in determining your credit worthiness)

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FOR OFFICE USE ONLY	
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNT# _____
INITIALS _____	DATE _____