



CADDO PIGMENT, LLC

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P.O. Box 37841
Shreveport, La 71133
Phone: 800.769.9329
Fax: 318.869.3059

Company Credit Application

Incorporated Partnership Proprietorship

FOR OFFICE USE ONLY Acct # _____ Salesman _____

Credit Limit _____ Approved by _____

Date _____

Name of Company _____ Federal Tax ID # _____

Address _____ Sales Tax # _____
Street (Attach Exemption or Resale Certificate if applicable)

City _____ Date Business Established _____

State _____ Zip _____ Phone # _____

Billing Address _____
Street City State Zip

Home Office _____
Street City State Zip

Name of Bank _____ Branch Officer's Name _____

Address _____ Phone # _____
Street City

State _____ Zip _____

CREDIT REFERENCES (NOT FINANCIAL INSTITUTIONS)

Name _____ Phone # _____ Fax # _____

Name _____ Phone # _____ Fax # _____

Name _____ Phone # _____ Fax # _____

CADDO PIGMENT, LLC

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Would you like your invoice emailed?

Email: _____

Does your Company require a PO? Y / N (circle one)

Authorized Person(s) to Charge:

I HEREBY PERSONALLY GUARANTEE PAYMENT ON THIS ACCOUNT:

Name _____ Phone # _____

Address _____
Street City State Zip

Signature _____ Print _____

Title _____ Date _____

AUTHORIZATION:

I hereby authorize the purchase of products and services and I will personally guarantee prompt payment on or before the 10th day of the following month for any and all purchases, together with interest at the rate of 1.5% per month (18% annum) on balances over thirty days plus all cost of collection including reasonable attorney's fees.

Signature _____ Date _____
(Individually)

Print Name _____ Title _____

PLEASE MAIL SIGNED ORIGINAL TO:

**Caddo Pigment, LLC
P.O. Box 37841
Shreveport, LA 71133**