



**CADDO PIGMENT, LLC**

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

***Individual Credit Application***

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FOR OFFICE USE ONLY    Acct # \_\_\_\_\_    Salesman \_\_\_\_\_

Credit Limit \_\_\_\_\_    Approved by \_\_\_\_\_

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Date \_\_\_\_\_

Name \_\_\_\_\_    Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_    Social Security # \_\_\_\_\_

Street

City

State

Zip

Driver's License # \_\_\_\_\_

Home Phone # \_\_\_\_\_    Cell Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

Street

City

State

Zip

Place of Employment \_\_\_\_\_    Phone # \_\_\_\_\_

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Name of Bank \_\_\_\_\_    Branch Officer's Name \_\_\_\_\_

Address \_\_\_\_\_    Phone # \_\_\_\_\_

Street

City

State

Zip

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**Authorized Person(s) to Charge:**

\_\_\_\_\_  
\_\_\_\_\_

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**I HEREBY PERSONALLY GUARANTEE PAYMENT ON THIS ACCOUNT:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Signature \_\_\_\_\_ Print \_\_\_\_\_

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**AUTHORIZATION:**

I hereby authorize the purchase of products and services and I will personally guarantee prompt payment on or before the 10<sup>th</sup> 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 \_\_\_\_\_  
(Individually)

Print Name \_\_\_\_\_

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**PLEASE MAIL SIGNED ORIGINAL TO:**

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