FOR COMPA		OFFICE MART CREDIT APPLICATION	FOR COMPANY
USE ONL)		ADD CHANGE DELETE D. CODE P. O. SALESMAI TAX REQUIRED	USE ONLY
	CUSTOMER NAME		
	BILLING ADDRESS	S/C CLASSIFICATION	
	DELIVERY ADDRESS		
·	CITY	STATE ZIP CODE	
	A/C LOCAL PHONE NUMBER	SPECIAL INFORMATION	
The follow	ring information must be completed in full a	and will be held in the strictest confidence.	
		If no sales tax is to be charged please complete exemp	tion certificate on
Are purch	ase orders required on your invoices	back of this form. (Yes or No)	
OWNERS	•		
		Partnership Individual Government	
	Check here if incorporated w	vithin the last 12 months.	
	Names of Principle(s)	Address Phone	
	Person in Charge Of Accounts Payable	Phone	
		· · · · · · · · · · · · · · · · · · ·	
REFEREN	CES		
	Name of Bank	Address Phone	
	Trade Reference	Address Phone	
	Trade Reference	Address Phone	
	Trade Reference	Address Phone	<u> </u>
TERMS:	full payment is not made by the 10th, the n 1.5 percent (A. P. R. 18%). All payments ma	Iberia, Iberia Parish, Louisiana by the 10th of the month following date at amount becomes due and payable and interest charges will be added at ade on account will be applied first to accrued interest then towards principle amounts, buyer will pay the amounts actually incurred by Office Mart as	a monthly rate of a. In the event suit
Print Name		Title	
Signature _		Date	