

(225) 638-8537 2600 Hospital Road New Roads, LA 70760 Matt@fontainelbr.com

		COMMERCIAL CREDIT	APPLICATION			
COMPANY NAME:						
PHYSICAL ADDRESS:						
BILLING ADDRESS:						
TELEPHONE NUMBER:		CELL NUMBER:	FAX NUMBER:			
TAX I.D. NUMBER:	I.D. NUMBER: TAX EXEMPT? YES (ATTACH COPY OF EXEMPT CERTIF					
EMAIL ADDRESS:			YEARS ESTAB	LISHED:		
NATURE OF BUSINESS:						
TYPE OF BUSINESS:		PARTNERSHIP LLC	INDIVIDUAL			
OWNER NAM	1E: 	TITLE:	ADDRESS:		SSN:	
ACCOUNTS PAYABLE CO	NTACT:		TELEPHONE NUM	BER:		
PO REQUIRED:		_ JOB NAME REQUIRED:	YES NO			
BUYERS LIST:	YES(ATTACH	NAMES ON LETTERHEAD) NO				
COMPANTY BANK, ADD	RESS,					
TELEPHONE NUMBER:						
REPRESENTATIVE:						
	OPEN CREDIT REFERENCES: (LIST 3)					
COMPANY	:	ADDRESS:	TELEPHONE N	PHONE NUMBER: FAX NUMBER:		
		CREDIT CONTR	ACT			
-		nber Co, Inc for purposes of obtaining credit. BASED UPON NET10TH AND PAYMENT MU			al agree	
to pay sums due to For (18% APR), plus attorn collection. I (We) furth to this agreement, I (w of The City of New Roa Fontaine Lumber Co w be brought against For PERSONAL GUARANTE	ntaine Lumber Co plus any fee ey's fees in the amount of 25: er agree to venue and jurisdic e) agree the hearing locale fo ds Court, the hearing locale s ill replace any material prove ntaine Lumber Co. E:The consumer hereby unco	is incurred to collect my (our) account in the set incurred to collect my (our) account in the set incurred to collect my (our) account in the set in Pointe Coupee Parish and The City of our any such lawsuit will be The City of New Reshall be Pointe Coupee Parish. In the event of an defective by applicant for a period of 90 dinditionally guarantees, at all times, full and consumer applying for credit. This is to be a	event of delinquency, plus interest of arges, and expense of New Roads Court. In the event of ar pads Court, or if the amount in dispi f any claim for defective material, ays from manufacturer and no claim prompt payment, within terms, of a	at 1.5% per month ny litigation arising ute exceeds the jur may	on the principal due out of or relating	
payment or the accept agreement shall in no v Co shall have the right terms of this guaranted	ance of any sum or sums on a way weaken the validity of th to proceed against me (us) a e.	account, or the acceptance of notes, drafts, is personal guarantee which I (we) am/are h t any time, without any notice. I (We) have n	or any security from the guaranteed ereby executing. In the event of any ead and understand the	l party to this y payment default,		
SIGN	ATURE:	PRINT NA	IME:	TITLE	DATE:	
FI C OWNER	R SIGNATURE:	FI C PRINT	VAME.	TITI F.	DATF:	