



Broussard 337-232-0503
 Houma 985-873-9250
 Harvey 501-520-8448
 Houston 713-937-0100
 Odessa 432-307-6777

201 Stanton St.
 Broussard, LA 70518
 return to:
AR@allendorph.com

NEW CUSTOMER - CREDIT APPLICATION

Company Name:		DATE:	
Billing Information		Shipping Information	
Street		Street:	
City:		City:	
State:	Zip:	State:	Zip:
Phone #:		Fax:	

Buyer Contact:		AP Contact:	
Buyer Phone#:	PO Required? __Yes__No	AP Phone#:	
Buyer Email:		AP Email:	
Type of business __Corp__Sole Prop__LLC	Date Est: / /	EIN or TIN:	

Invoices are Emailed

Invoicing Email Address:

Would you like to be set up to PAY ACH: ___Yes, send me more info ___No, I prefer Check or Credit Card (circle one)

Tax Districts: State:	Parish:	City:
Tax Exempt: ___Yes ___No	State Sales Tax ID:	Parish Tax ID:

Please send current copies of tax exemption certificates.

Principal Information

Name	Title	SS#
Name	Title	SS#
Name	Title	SS#

Credit/Trade Reference Information

1. Name of business:	Contact Person:	
Phone:	Fax:	Email: (Preferred)
1. Name of business:	Contact Person:	
Phone:	Fax:	Email: (Preferred)
1. Name of business:	Contact Person:	
Phone:	Fax:	Email: (Preferred)

I agree the information submitted is accurate and correct.

I authorize Allendorph Specialties, Inc. to investigate all information furnished.

I agree to pay for all purchases within 30 days of the invoice date.

I agree that in the event any third parties are employed to collect outstanding monies due by our company that we will pay reasonable collection agency costs, including attorney fees, regardless if litigation has commenced or not and all costs of litigation incurred.

I have the authority to execute this credit agreement on behalf of our business.

BUSINESS NAME:	
PRINT NAME:	TITLE:
SIGN NAME:	DATE:

PERSONAL GUARANTEE	
I _____ personally guarantee payment of all outstanding monies due to (print name)	
Allendorph Specialties, Inc. in the event _____ fails to pay as promised. (company name)	
Signature	Date: