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CREDIT APPLICATION

Name/Address

Name of Business: Federal Tax I.D. Number
Street Address:
City: State: ZIP: Phone:
Billing Address:
City: State: ZIP:
Web Site: Email address: Fax Number:

Company Information

In Business Since: * Located in Parish* Pay Parish Sales Tax at %
Check One: LLC Other Corporation Partnership Proprietorship

Bank References

Institution Name: Contact Name
Checking Account #:
Mailing Address:
City: State: ZIP: Phone:

Trade References

Table with 3 columns: Company Name, Contact Name, Address, City, State, ZIP, Phone.

Financial Information: (Please Send a Copy of Manufacture Sales Tax Exemption Certificate for Louisiana)

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself:

Authorized Signature: Date Title:
Printed Name

Mail or Fax or Email this Credit Application