



New Account Form

2928 Louisville Ave. • P.O. Box 2974 • Monroe, LA 71201
(318) 322-7186 • Fax: (318) 325-0229

Account Number _____ Date _____

Payment Terms: Cash/Check 7 days New Change of Owner Update

Business Information

Business Name: _____

Corporation Name: _____

Physical Address: _____

Bill to Address (if different): _____

Store Phone Number: _____ Store E-mail _____

Type of Ownership: Partnership Corporation Individual L.L.C. / L.L.P.

Type of business: Convenience Tobacco Grocery Other

Number of years in business: _____

Owner Information

1. Name: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____ Email: _____

2. Name: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____ Email: _____

Have you ever filed bankruptcy? Yes No If yes, when _____

Trade References

1. Name: _____

Account Number: _____

Address: _____

Phone Number: _____ Contact Person: _____

2. Name: _____

Account Number: _____

Address: _____

Phone Number: _____ Contact Person: _____

Business Bank Reference

Bank Name: _____

Address: _____

Phone Number: _____

Bank Officer: _____

Account Number (checking): _____

Account Number (savings): _____

LA Tobacco Permit Number: _____ Expiration Date: _____

Sale Tax Number: _____

Account Payable Contact Person: _____

Name: _____ Phone Number: _____

If this is a corporation, list officers, managers, General Partner(s), titles, and contact numbers:

1. _____

2. _____

3. _____

I certify that all the information on this form is correct. I acknowledge and agree that a rate of 1 1/2% per month will be charged on all unpaid balances seven (7) days after the delivery date. I agree to pay all finance charges when account is not within payment terms. This guaranty shall be covered by the laws of the State of Louisiana. In the event of a default, your account will be referred to an attorney for collection. I agree to pay all costs of collection including attorney's fees, that jurisdiction will lie in the Louisiana Courts, and venue will lie in Ouachita Parish. In the event of change of ownership, this agreement will remain in effect as will the responsibility of debt incurred and collections procedures to those parties listed above. I authorize you to contact the above listed references to obtain account information to contact all banks, financial institutions and credit reporting agencies to obtain credit information. Be it understood this is a personal continuing guarantee by the undersigned for all amounts purchased by the business named above. Additionally, the signature below binds the company named above to the terms in the agreement as well as the guarantor. All first orders to be shipped cash on delivery. Payment terms will be set upon credit check.

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Driver's license number: _____ State: _____ Expiration date: _____

Social Security Number: _____

******This form must be filled out completely to be processed.******

A copy of current Tobacco Permit and Louisiana Sales Tax Permit are requested with application.