



Premier Steel Doors and Frames
P.O. Box 7269
Monroe, LA 71211

Ph: (318) 361-0796
TF: (800) 962-6517
Fx: (318) 323-5068

Credit Application

Please complete page 1 and 2. If not completed, it will cause a delay or possible denial in processing your credit application.

Company Name: _____

Division of: _____

Mailing Address: _____

Shipping address: _____

Telephone: fax: email: _____

☐ Corporation ☐ Partnership ☐ Individual ☐ other

Owner/Officers Names: _____

Contact in Purchasing: _____

Contact in Accounts Payable: _____

How Long in Business? _____ Annual Dollar Sales _____ Number of Employees _____

****ATTACH MOST RECENT COPY OF FINANCIAL STATEMENTS****

CREDIT TERMS OF SALE: 1% 10 net 30 days; any account which ages 45 days will be subject to credit hold until current. Any account which ages beyond 60 days and is referred to an outside collection agency will be responsible for interest and any collection costs. Should further legal action become necessary all court cost and attorney fees will be added to the debtor's account.

I/we agree to honor such credit terms granted by premier steel doors and frames, inc.

Signature: _____ Title _____ Date _____

****SALES TAX EXEMPTION CERTIFICATE****

PLEASE ENCLOSE A SIGNED SALES TAX EXEMPTION CERTIFICATE FOR YOUR LOCATION.
ALL APPLICABLE SALES TAX WILL BE CHARGED IF NOT RECEIVED.

CURRENT CREDIT REFERENCES

- | | |
|------------------|-----------------|
| 1. Bank _____ | 2. Bank _____ |
| Address: _____ | Address: _____ |
| Telephone: _____ | Telephone _____ |
| Contact _____ | Contact: _____ |

TRADE REFERENCES

- | |
|-----------------------------|
| 1. Company Name: _____ |
| Address: _____ |
| Telephone: _____ Fax: _____ |
| Contact: _____ |
| 2. Company Name: _____ |
| Address: _____ |
| Telephone: _____ Fax: _____ |
| Contact: _____ |
| 3. Company Name: _____ |
| Address: _____ |
| Telephone: _____ Fax: _____ |
| Contact: _____ |
| 4. Company Name: _____ |
| Address: _____ |
| Telephone: _____ Fax: _____ |
| Contact: _____ |