



213 CUMMINGS ROAD | BROUSSARD, LA 705018 | PH: 337.839.1704 | FAX: 337.839-1706  
WWW.CARDONSALES.COM

APPLICATION FOR OPEN ACCOUNT

Name of Company \_\_\_\_\_ Years in Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

FEIN # \_\_\_\_\_

Owner \_\_\_\_\_ A/P Supervisor \_\_\_\_\_

Office Manager \_\_\_\_\_ Purchasing Agent \_\_\_\_\_

**Please give complete addresses and account # if available.**  
(INCLUDE TELEPHONE, FAX NUMBERS, AND AN EMAIL ADDRESS CONTACT PLEASE)

Trade Reference	
Trade Reference	
Trade Reference	

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact Person \_\_\_\_\_

Purchase order required? Y  -OR- N

Are purchases for resale? Y  -OR- N

If checked yes please provide exemption form with number.

**\*\*Standard payment terms for Cardon Sales Company, LLC are as follows:\*\***  
Net 30 on all items unless otherwise specified

**By signing you agree that any and all information provided is indeed factual and you understand and agree to pay within the terms as stated above.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

**Please send copies of your company's W-9 and States Sales Tax Exemption Form**  
All information contained herein will be treated strictly confidential and is for our records only.  
*PLEASE RETURN CREDIT APPLICATION TO BCLARK@CARDONSALES.COM*