



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 fill out the trade reference chart below in its entirety.

| TRADE REFERNCE | PHONE | ADDRESS | AR E-MAIL | AR CONTACT NAME |
|----------------|-------|---------|-----------|-----------------|
|                |       |         |           |                 |
|                |       |         |           |                 |
|                |       |         |           |                 |

Bank \_\_\_\_\_

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

Telephone # \_\_\_\_\_

Contact Person \_\_\_\_\_

Purchase order required? Y  -OR- N

Are purchases for resale? Y  -OR- N

If checked yes, please provide an exemption form with number.

How did you hear about us?

Search Engine (Google, Bing, etc)  Social Media  Referral  Other (please explain) \_\_\_\_\_

**\*\*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 provided will be kept strictly confidential and used for our records only.  
**PLEASE RETURN CREDIT APPLICATION TO BCLARK@CARDONSALES.COM**