



MANUFACTURER'S REPRESENTATIVE ~ DISTRIBUTOR ~ WAREHOUSING
 213 Cummings Rd. • Broussard, LA 70518
 Office: (337) 839-1704 • Fax: (337) 839-1706 • Website: 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 _____
 Name Email Name Email

Office Manager: _____ Purchasing Agent: _____
 Name Email Name Email

TRADE REFERENCES

Company Name	Address	Telephone	Fax	AP Contact Name	AP Contact Email

Bank Name: _____ 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

****Please check how you would like to receive invoices:****

MAIL: _____ EMAIL: _____ If, Email, please provide email address: _____

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.**