



CREDIT APPLICATION

413 Lake Street
Shreveport, Louisiana 71101
318-424-0400 phone 318-227-2949 fax

Company Name:
DBA:
Address: City:
State: Zip: Phone: Fax:
Email:
Billing Address: City:
State: Zip:
Type of Business: Corporation Sole Proprietor Partnership
Federal EIN#: Tax Exemption#
Duns#: Years in business:

Name of Principles & Titles:

Accounts Payable Contact:

Banking Information:

Bank Name: Address:
Contact Person: Phone:
Account(s):

Credit References:

Business Name: Phone:
Contact Person: Account#:
Business Name: Phone:
Contact Person: Account#:
Business Name: Phone:
Contact Person: Account#:

We understand and agree that Communications One has our permission to contact the trade and/or bank references named above and that all information is true and correct as shown. We also understand that terms are NET 10 day basis and a service charge of 2% per month will be added to a past due account.

Signature: Date:
Title: