

G & B OIL PRODUCTS, LLC  
D/B/A CENTRAL LA METAL SUPPLY  
1800 N. MACARTHUR DRIVE  
ALEXANDRIA, LA 71303



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Commericl Account Credit Application \_\_\_\_\_ Date: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

d/b/a Trade Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Co. Year Established: \_\_\_\_\_

Trade Co. Year Established: \_\_\_\_\_

Purchasing Name: \_\_\_\_\_ Purchasing Email: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ A/P Phone: \_\_\_\_\_

Owner/President Name: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_

Other \_\_\_\_\_

Federal ID: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Authorizing Signing Officers: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Trade References: Commercial Accounts for which you have open credit

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Account #'s: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Account #'s: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account #'s: \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_  
Title: \_\_\_\_\_

### Bank References:

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

Type: Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Loan \_\_\_\_\_  
Account #: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

Type: Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Loan \_\_\_\_\_  
Account #: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

Type: Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Loan \_\_\_\_\_  
Account #: \_\_\_\_\_  
Fax: \_\_\_\_\_

### TERMS OF ACCEPTANCE

Customer hereby warrants that the representations herein made are true and correct and that they are made for purpose of inducing the company of extend credit to the undersigned. Terms of payment are Net 30 days. In the event invoices are not paid when due, interest shall accrue on the unpaid balance at the rate of 1 1/2% per month on the declining balance. Should legal action be required to enforce payment of any amounts due, customer agrees to pay reasonable attorney fees allowed by law. Customer agrees to pay appropriate charges if referred to third party. Our company reports non-payment to (TranUnion) Credit Bureau.

I (we) certify that the above information is true and correct, and that I (we) can and will comply with your terms. I (we) hereby authorize you or your agent to investigate the references or other data furnished by me or by any other person regarding my credit responsibility if this application is accepted.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_