

**APPLICATION FOR CREDIT  
AND CONTRACT**

Phone 501-562-2041 Fax (501) 565-3747



**Acadian**  
Wood Products  
**Build proud.**

**Please Type or Print - Fill Out Completely (Black Ink Only)**

**(Mail Original)**

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (If Different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Full Name Owner(s) \_\_\_\_\_ SSN \_\_\_\_\_

(Or Authorized Officer(s) if Corp) \_\_\_\_\_ SSN \_\_\_\_\_

SSN \_\_\_\_\_

Type of Business: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Date Business Started \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Federal ID # \_\_\_\_\_

State Sales Tax Exemption # \_\_\_\_\_ Parish (County) Exemption # \_\_\_\_\_

**(Copy of exemption certificate must be attached or we are required to charge sales tax.)**

If Business is Partnership or Owned Individually, Give Home Address of Owner(s)

\_\_\_\_\_  
\_\_\_\_\_

I/we authorize the Bank(s) and/or Creditor(s) with whom I/we do business to furnish complete credit information and history to Acadian Wood Products, Inc. for the purpose of credit evaluation. Additional credit information and/or information as to the final destination of purchased materials will be furnished upon request. I/we expressly authorize Acadian Wood Products, Inc. to investigate credit, employment and income records, and to verify credit references, including requesting reports from consumer and business reporting agencies for the purpose of establishing and maintaining credit terms as needed for evaluation per FCRA. I/we acknowledge that failure to pay within terms, issuance of NSF check(s), or unauthorized return of material causes all balances to be due and payable immediately. I/we agree to pay all charges within 30 days from the date of invoice or date of delivery, whichever is later, and agree that in the event of any dispute or disagreement on any invoice or portion thereof, all charges other than the disputed amount will be paid within terms and do personally and individually guarantee payment of all charges. I/we acknowledge that invoices become delinquent on the 31st day and are subject to a 1.5% per month delinquent fee. Accounts may, without notice, have credit privileges suspended and be placed on C.O.D. status. If credit is granted, and the account is referred to an attorney, a third-party collection service, or other related collection process, I/we will assume and pay all fees, court costs and other expenses associated with the collection process up to the statutory limit. In no case will the fee be less than 25% of the balance owed. Jurisdiction for all collection proceedings will be the Parish of Lafayette, State of Louisiana.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

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*We must have complete and accurate reference information in order to process your application in a timely manner. Allow 10 business days for processing.*

**BANK REFERENCES**

\_\_\_\_\_  
Bank Name ( ) Phone (Required) ( ) Fax (Required)

\_\_\_\_\_  
Address Contact

\_\_\_\_\_  
Bank Name ( ) Phone (Required) ( ) Fax (Required)

\_\_\_\_\_  
Address Contact

**TRADE REFERENCES**

(List At Least Four)

\_\_\_\_\_  
Name Address ( ) Phone (Required) ( ) Fax (Required)

\_\_\_\_\_  
Name Address ( ) Phone (Required) ( ) Fax (Required)

\_\_\_\_\_  
Name Address ( ) Phone (Required) ( ) Fax (Required)

\_\_\_\_\_  
Name Address ( ) Phone (Required) ( ) Fax (Required)

\_\_\_\_\_  
Name Address ( ) Phone (Required) ( ) Fax (Required)

The following **MUST** be completed and signed by all owners (10% or more owners of corporations) or partners:

Date \_\_\_\_\_

I/We, \_\_\_\_\_ residing at, \_\_\_\_\_  
for and in consideration of the extension of credit to \_\_\_\_\_ (hereinafter referred to as the "Company"), of which I am \_\_\_\_\_ hereby personally guarantee to you the payment at Acadian Wood Products, Inc., 6200 Sears Dr., Little Rock, AR 72209, of any obligation of the Company and hereby agree and bind myself to pay to you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I hereby waive notice of default or non-payment and consent to any modification or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

Return by fax to (501) 562-2041 or email to [mparson@awpmail.com](mailto:mparson@awpmail.com) and mail original to:  
Acadian Wood Products, Inc. 6200 Sears Sr., Little Rock, AR 72209