



# OUACHITA ELECTRIC SERVICE

EST 1949

## APPLICATION FOR CREDIT

Firm Name: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

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

**\*\*Attach Form W9, available @ www.irs.gov\*\***

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Accts Pay Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_

FIN# \_\_\_\_\_

D&B# \_\_\_\_\_

Years in Business \_\_\_\_\_

Corporation Yes / No

Principal Owner \_\_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_\_

Suppliers: Please provide Vendor Name, Address, Account #, Phone # and Fax # for 3 Suppliers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURCHASE ORDER NUMBER REQUIRED FOR PURCHASES? Yes / No

**\*\*\*If your sales tax exempt, attach your certificate.\*\*\***

*I agree to the financial responsibility to pay all invoices with TERMS OF NET 30. I authorize Ouachita Electric Service, Inc. to contact the above suppliers to check credit worthiness. Title \_\_\_\_\_*

Date \_\_\_\_\_

Sign Here \_\_\_\_\_

RETURN THIS FORM TO: BECKI.GILSON@OUACHITAELECTRIC.COM