



**CREDIT APPLICATION & PERSONAL GUARANTEE**

**Baton Rouge**

10213 S. Perdue  
Baton Rouge, LA 70814  
Ph: (225) 275-8200  
Fax: (225) 275-8220

**New Orleans**

5734 Jefferson Highway  
Harahan, LA 70123  
Ph: (504) 733-8200  
Fax: (504) 733-8537

**Lafayette**

127 Amedee Dr.  
Scott, LA 70583  
Ph: (337) 233-8433  
Fax: (337) 233-8477

\*\*\*ALL PARTS ON THE ORIGINAL APPLICATION MUST BE COMPLETED WITH THE PERSONAL GUARANTEE SECTION SIGNED, ALONG WITH A PHOTOCOPY OF THE APPLICANT'S DRIVER'S LICENSE MUST BE SUBMITTED FOR THE APPLICATION TO BE CONSIDERED\*\*\*

**A. BUSINESS INFORMATION**

Check one:  Sole Proprietorship       Partnership       Corporation/LLC

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alt. Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Person to contact about account: \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ Sales Tax Exemption Certificate No  Yes  (if yes, attach a copy of the exemption certificate)

Amount of Credit Requested: \$ \_\_\_\_\_ Contractor's Lic. #: \_\_\_\_\_ How Long in Business: \_\_\_\_\_

**B. OWNER/OFFICER INFORMATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

SS# \_\_\_\_\_ DL# and State \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

SS# \_\_\_\_\_ DL# and State \_\_\_\_\_ D.O.B. \_\_\_\_\_

**C. TRADE REFERENCE (please list 3 suppliers)**

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Fax#</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Advanced Building Products, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

*continue on the back of this page*

**D. BANK REFERENCE**

Bank Name \_\_\_\_\_ Account# \_\_\_\_\_

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

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

**CREDIT TERMS**

All invoices are due net 30 days from the date of the invoice. A service charge of 1 1/2% per month, or 18% per annum or the highest legal rate, which ever is less may be assessed on delinquent invoices.

**PERSONAL GUARANTEE**

I/We, the undersigned, also willingly agree: 1) That this application is and will remain the property of Advanced Building Products, Inc. (ABP) regardless of whether credit is issued; 2) To notify ABP of any changes in the above information; 3) To personally assume and guarantee all liabilities incurred by the above named company; and, 4) To pay thirty (30) days after notice of default to Advanced Building Products, Inc. the amount owed plus interest at the rate of 18% per annum, simple rate compounded daily until paid, and if a lien or suit is necessary all costs including court costs, filing fees, and reasonable attorney fees, as well as any collection fees.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of consumer credit report on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

\_\_\_\_\_  
Applicant Signature Applicant Print Name Date

\_\_\_\_\_  
Applicant Signature Applicant Print Name Date

\_\_\_\_\_  
Witness Signature Witness Print Name Date

**For Office Use Only**

ABP REP.: \_\_\_\_\_ BRANCH: \_\_\_\_\_ SOURCE: \_\_\_\_\_ LEVEL: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_ TERMS: \_\_\_\_\_

**Copy of Driver's License Here**

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