



## Legacy Hose & Supply, LLC

Dept. 2475 P.O. Box 59000

Lafayette, LA 70505

O: 337-313-2501 F: 337-313-2502

### APPLICATION FOR CREDIT

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

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

Date Business Started: \_\_\_\_\_

Type of business: \_\_\_\_\_

Organization Type: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Individual

#### BILLING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

#### BUSINESS ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

#### BILLING INFORMATION

PO's Required? ☐ Yes ☐ No

FEIN : \_\_\_\_\_

Tax exempt: ☐ Yes ☐ No (If yes, you **MUST** provide copy of exemption certificate!)

AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Receive Invoices By: ☐ Mail ☐ E-mail (If e-mail was your invoicing selection, please list.)

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

#### BANK REFERENCE

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

#### TRADE REFERENCES (Please note, email is preferred)

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

I authorize the references above to provide credit information. I acknowledge that Legacy Hose & Supply's payment terms are Net 30 days from the invoice date, subject to credit approval, and that overdue invoices will incur penalties.

Owner/Officer Signature

Owner/Officer Print

Date

Please turn completed application in to [ar@legacyhose.com](mailto:ar@legacyhose.com) & provide a copy of your W-9.