



REEVES TRUE VALUE, LLC
1113 EAST THOMAS STREET
HAMMOND, LA 70401
PHONE: 985-222-2305 FAX: 985-345-9938

CREDIT APPLICATION

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF COMPANY: _____ CORPORATION _____ PARTNERSHIP _____ LLC _____ SOLE PROPRIETOR _____ OTHER

NAMES OF PRINCIPALS: _____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

TAX ID NUMBER: _____ DATE STARTED: _____

TAX EXEMPTION NUMBERS: STATE _____ PARISH _____

TYPE OF BUSINESS (PLUMBER, ELECTRICIAN, PAINTER, G.C., ETC.): _____

PLEASE INCLUDE A COPY OF YOUR SALES TAX EXEMPT CERTIFICATES.

NAME OF YOUR BANK: _____

BANK ADDRESS: _____

BANK CONTACT NAME: _____ PHONE NUMBER: _____



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PLEASE LIST THREE CREDIT REFERENCES BELOW:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NAMES OF PEOPLE ALLOWED TO CHARGE ON THIS ACCOUNT:

ARE PURCHASE ORDER NUMBERS REQUIRED? _____ YES _____ NO

It is agreed and understood that a service charge of 1.5% per month shall be applied to the past due balance and hereby agree to pay said service charge. I further agree to pay directly or reimburse you for any attorney fees, court costs, and expenses incurred by you in enforcing your rights, up to an amount equal to 25% (\$250.00 minimum) of any amount sought to be collected. The above information is for the purpose of obtaining credit and is warranted to be true.

SIGNATURE: _____ TITLE: _____ DATE: _____