

# CONFIDENTIAL CREDIT APPLICATION

PLEASE PROVIDE ALL INFORMATION REQUESTED

## ARKANSAS

**Little Rock Branch**   
7023 Interstate 30  
Little Rock, AR 72209  
501-562-7510 | 800-256-2036  
LittleRock@goIES.com

**Springdale Branch**   
13465 Puppy Creek Road, Suite I  
Springdale, AR 72762  
479-756-1608 | 888-253-9489  
Springdale@goIES.com

## LOUISIANA

**Baton Rouge Branch**   
3575 Choctaw Drive  
Baton Rouge, LA 70805  
225-357-4249 | 800-825-2344  
BatonRouge@goIES.com

**Shreveport Branch**   
2321 Texas Ave.  
Shreveport, LA 71103  
318-222-9459 | 800-825-2377  
Shreveport@goIES.com

**CORPORATE OFFICE – 318-222-8904**

## MISSISSIPPI

**Jackson Branch**   
#1 Old River Place  
Jackson, MS 39202  
601-355-6092 | 800-256-2065  
Jackson@goIES.com

## OKLAHOMA

**Oklahoma City Branch**   
6000 NW 2nd St., Suite 850  
Oklahoma City, OK 73127  
405-789-2600 | 888-303-8838  
OklahomaCity@goIES.com

**Tulsa Branch**   
12121 East 51st St, Suite 105  
Tulsa, OK 74146  
918-254-2399 | 866-357-3054  
Tulsa@goIES.com

## TEXAS

**Houston Branch**   
6001 Stonington Street #170  
Houston, TX 77040  
713-690-4437 | 888-268-0049  
Houston@goIES.com

**Longview Branch**   
602 Roenia Circle  
Longview, TX 75604  
903-753-0919 | 800-825-2310  
Longview@goIES.com

**IMPORTANT:** Please check the appropriate box above to indicate which branch has the pleasure of serving you.

Official Company Name \_\_\_\_\_

### BILLING ADDRESS

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Principle Line of Business \_\_\_\_\_

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Individual \_\_\_\_\_

### SHIPPING ADDRESS

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Established (Years) \_\_\_\_\_

	Name of Owner/Officers	Title	Home Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
	Estimated Monthly Purchases _____	(Financial Statement requested for \$10,000 or more.)	

### TRADE REFERENCES

	Name	Phone	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### BANK REFERENCE

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Loan Number \_\_\_\_\_

Please indicate your preferred payment method.

Check

ACH

**Tax information:** If you are non-taxable, please attach a copy of your exemption certificate. If not on file, tax will be charged.

Open account credit terms are **net 10 days**. A 3% processing fee will be added to the total invoice for changing the method of payment to credit card.

SIGNATURE OF OFFICER/OWNER \_\_\_\_\_

DATE \_\_\_\_\_ TITLE \_\_\_\_\_

Please email your credit application to [AR@goIES.com](mailto:AR@goIES.com).

Questions? Call 318-222-8904.