

PLEASE FAX THIS DOCUMENT TO 318-221-9868



**To: Mary Schneider**  
Accounts Receivable  
Phone: 318-222-8904  
Fax: 318-221-9868

**From:** \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**BATON ROUGE**  
3575 Choctaw Drive  
Baton Rouge, LA 70805  
225-357-4249  
FAX 225-355-9712  
800-825-2344  
batonrouge@goies.com

**JACKSON**  
#1 Old River Place  
Jackson, MS 39202  
601-355-6092  
FAX 601-355-0761  
800-265-2065  
jackson@goies.com

**LITTLE ROCK**  
7023 Interstate 30  
Little Rock, AR 72209  
501-562-7510  
FAX 501-562-0564  
800-265-2036  
littlerock@goies.com

**LONGVIEW**  
602 Roenia Circle  
Longview, TX 75604  
903-753-0919  
FAX 903-236-4599  
800-825-2310  
longview@goies.com

**NEW ORLEANS**  
Elmwood Industrial Park  
1501-9 Edwards Ave.  
New Orleans, LA 70123  
504-818-2437  
FAX 504-818-1437  
888-238-1176  
neworleans@goies.com

**SHREVEPORT**  
2321 Texas Ave.  
Shreveport, LA 71103  
318-222-9459  
FAX 318-222-1911  
800-825-2377  
shreveport@goies.com

**SPRINGDALE**  
13465-H Puppy Creek Rd.  
Springdale, AR 72762  
479-756-1608  
FAX 479-750-2501  
888-253-9489  
springdale@goies.com

**TULSA**  
12121 East 51st St.  
Suite 105  
Tulsa, OK 74146  
918-254-2399  
FAX 918-254-2495  
866-357-3054  
tulsa@goies.com



**INDUSTRIAL**  
**Electronic Supply, Inc.**

**CONFIDENTIAL**  
**CREDIT APPLICATION**

All information must be completed.

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

**BILLING ADDRESS**

**SHIPPING ADDRESS**

Street/P.O. Box: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

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

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

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

Zip: \_\_\_\_\_

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

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

Corporation: \_\_\_\_\_

Partnership: \_\_\_\_\_

Individual: \_\_\_\_\_

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/FAX	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**BANK REFERENCE:**

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

Tax Information: If you are non-taxable, attach a copy of your exemption certificate. We must have this on file or tax will be charged. Open account credit terms are net 10 days. A service charge of 1.5% per month will be charged on invoices 30 days old.

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

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