

NEED COPY of Sales Tax Certificate

GUILLORY WHOLESALE

COMPANY

NEW ACCOUNT FORM

STORE NAME _____ OWNERS NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE _____ CITY/STATE _____

ZIP _____ TELEPHONE _____ ZIP _____ TELEPHONE _____

FAX _____ E-MAIL ADDRESS _____

STATE SALES TAX CERTIFICATE # _____ STATE NAME _____

DRIVERS LICENSE # _____ STATE _____ SS # _____ FED ID# _____

BILLING ADDRESS (IF NOT SAME) _____ CONTACT PERSON _____

NAME _____ BANK REFERENCE _____

ADDRESS _____ BANK NAME _____ ACCT# _____

CITY/STATE _____ ADDRESS _____

ZIP _____ OFFICER & PH.# _____

TRADE REFERENCES _____

NAME _____ NAME _____ NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

CITY/ST. _____ CITY/ST. _____ CITY/ST. _____

ZIP _____ PH.# _____ ZIP _____ PH.# _____ ZIP _____ PH.# _____

CONTACT _____ CONTACT _____ CONTACT _____

MINIMUM OPENING ORDER \$300.00 NO MINIMUM THEREAFTER

I personally guarantee this account. Any past due amount will be assessed 1-1/2% interest per month. I am also responsible for all attorney's fees and court costs which may arise from non payment of this account.

Printed Name _____ Signature _____ SS# _____

213 2ND STREET

MAMOU LA 70554

MIKE MCGEE: OWNER

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