

# Acacia Industries, LLC

10324 Meadowview Dr. • Keithville, Louisiana 71047



**Acacia Industries**  
Traffic Control Sales and Rentals

Return To: **Marc LeDoux** [acacia.ind@gmail.com](mailto:acacia.ind@gmail.com)

Return by Fax: **888.818.2186**

Telephone: **318.470.1917**

## Customer Credit Information

Name of Legal Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

How Long in Business: \_\_\_\_\_ Length at Present Address: \_\_\_\_\_

Type of Operation: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other (LLC, LP, etc.) ☐

Chief Financial Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Will Another Company or an Individual Guarantee Your Account: Yes ☐ No ☐

Individuals Authorized To Act As Your Agent: \_\_\_\_\_

Tax Exempt: Yes ☐ No ☐ (If Yes, Please Provide Your Sales Tax Exemption/Resale Certificate.)

### Bank Credit Reference and Signed Bank Authorization (Required By Most Banks)

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Officer Most Familiar With Your Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

#### Signed Authorization For Bank To Release Banking Information:

Signature (Authorized Signer On Your Account): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_

### List Business Credit References or Attach Credit Reference Sheet:

Name:	1. _____	2. _____
Address:	_____	_____
City, State & Zip:	_____	_____
Telephone:	_____	_____
Fax:	_____	_____
Name:	3. _____	4. _____
Address:	_____	_____
City, State & Zip:	_____	_____
Telephone:	_____	_____
Fax:	_____	_____

I, the undersigned corporate officer, partner, or owner, hereby agree to make payment according to the terms granted to your company's account. Should legal action be taken to enforce payment, the undersigned will be responsible for all attorney's fees, court costs, etc. A finance charge of 1.5% per month will be charged on balances which exceed the terms granted to this account (APR 18%), unless restricted by State Law.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Please Print

(Officer, Partner, or Owner)