

**Standard Materials**  
**Division of Huey P Stockstill, LLC.**  
62505 Hwy. 11 Pearl River, LA 70452  
PH 985-863-6304 Fax 985-863-6303

**Credit Application and Contract**

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**A. APPLICANT**

Legal Business Name: \_\_\_\_\_  
(List all Trade Names, DBA's; Divisions or Subsidiaries)

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mobile: \_\_\_\_\_ Person to contact about Account: \_\_\_\_\_

Authorized Person(s) to Place or Modify orders: \_\_\_\_\_

Amount of Credit Requested: \$ \_\_\_\_\_ How Long in Business \_\_\_\_\_

**B. BUSINESS INFORMATION**

Sole Proprietorship Owner \_\_\_\_\_ SS# \_\_\_\_\_

Partnership Partner \_\_\_\_\_ SS# \_\_\_\_\_

Partner \_\_\_\_\_ SS# \_\_\_\_\_

Corporation/LLC President/Member \_\_\_\_\_ SS# \_\_\_\_\_

Vice President/Member \_\_\_\_\_ SS# \_\_\_\_\_

Secretary/Member \_\_\_\_\_ SS# \_\_\_\_\_

Treasurer/Member \_\_\_\_\_ SS# \_\_\_\_\_

Federal Tax No. (if applicable) \_\_\_\_\_ Sales Tax Exemption Certificate  Yes  No (if yes, enclose signed certificate or copy)

**C. BANKING INFORMATION**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Officer Contact \_\_\_\_\_ Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_

**I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.**

**D. TRADE REFERENCES** (Please fill out 3 references)

Name	Contact	Phone #	Fax #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

