

MCGEE EQUIPMENT RENTAL & SALES  
1920 WEST LAUREL AVE.  
EUNICE, LA. 70535  
TEL 337-457- 4196  
FAX 337-457-4197

**CUSTOMER CREDIT APPLICATION**

Name of Firm \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Years in Business \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**PRINCIPAL MEMBERS OF FIRM**

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**BANK INFORMATION**

Bank \_\_\_\_\_ Phone \_\_\_\_\_ Officer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**CREDIT REFERENCES**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**YOUR COMPANY POLICIES**

Purchase Orders \_\_\_\_\_ Job Name \_\_\_\_\_ Job Number \_\_\_\_\_ Taxable \_\_\_\_\_ Exempt \_\_\_\_\_

\*\*\*IF EXEMPT – PLEASE ATTACH TAX EXEMPTION FORM

Signed \_\_\_\_\_ Date \_\_\_\_\_