

Must receive signed contract to open an account. Fax to 225.208.1707, or email info@parkerbrandcreative.com.



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# NEW CLIENT FORM

## FOR OFFICE USE

Credit Limit Approved \$ _____	
Approved by _____	Date _____ / ____ / ____
Client Code _____	

- Proprietorship
- Partnership
- Corporation

1. Name of Business \_\_\_\_\_
2. Billing Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Shipping Address (if different from above) \_\_\_\_\_
5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Years in Business \_\_\_\_\_
7. Are you sales tax exempt? \_\_\_\_\_ If yes, please fax certificate and give sales tax exempt no. \_\_\_\_\_
8. Tax status (please fill in applicable percentages) \_\_\_\_\_ % State \_\_\_\_\_ % Parish \_\_\_\_\_ % City
9. List Owners 1) \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2) \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SS# \_\_\_\_\_ Drivers Lic.# \_\_\_\_\_ SS# \_\_\_\_\_ Drivers Lic.# \_\_\_\_\_
10. Bank \_\_\_\_\_ Bank Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name and address of at least 3 businesses from whom you are presently purchasing on a charge basis.  
Credit card company and loan company not acceptable. Please give us references that you buy from on a regular basis.

- 1) Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2) Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Signed X** \_\_\_\_\_ By \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_