

CREDIT AGREEMENT



1127 Hwy 190 East Service, Covington, LA 70433
P O Box 249 Mandeville, LA 70470-0249
Ph. 985-867-3500 Fax 985-867-3506

Acct Mgr.:

Date:

Location:

INFORMATION

Company Name:		Phone #	
Address:		Fax #	
City:	State:	Zip:	
Billing Contact Name:		Billing Contact Email:	
PLEASE CHECK ONE:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Social Security or Federal EIN:			
Name of owner(s)*, or authorized officer of corporation. Include home address, city, and state.			
Type of Business:		Date Started:	D&B#
Credit Line Requested (Include Financials if \$250,000 or over unless specified): \$			Terms Requested:

BANK INFORMATION

Name of Bank:		Account #:
Bank Address:		Phone #:
City:	State:	Zip:
Bank Contact or name of person in charge of account:		Fax #:

CREDIT REFERENCES

1.	Phone #:
Full Address:	Fax #:
2.	Phone #:
Full Address:	Fax #:
3.	Phone #:
Full Address:	Fax #:

Release and Terms

The undersigned, acting as the duly agent/representative for the above named company certifies the information on this application is true to the best of their knowledge. Further, the undersigned authorizes CGB Ent., Inc., agents and/or assignees to investigate and inquire of any other sources deemed appropriate for the determination of the applicant company's credit worthiness and business history. Applicant agrees to CGB Ent., Inc., standard terms of sale. All unpaid balances after agreed standard terms are subject to a service charge of 1.5% per month. In the event that it becomes necessary to refer an account to a collection agency or attorney to enforce payment, all reasonable legal fees, applicable and allowable service charges will be paid by the Debtor Company.

Signature:	Title:	Date:
* Print Name (If different from above.):		

(Must be signed by an Officer of corporation, Owner of sole proprietor, Partner of partnership, Member/Manager of LLC, or person of authority.)