

OGE'S RENT-ALL CENTER, L.L.C.

129 BANKS AVENUE

LAFAYETTE, LOUISIANA 70506

PHONE: (337) 235-3310

FAX: (337) 235-3440

D.W. _____

APPLICATION FOR CHARGE ACCOUNT

NAME OF INDIVIDUAL or BUSINESS: _____ FEDERAL I.D. # _____

BILLING ADDRESS: _____ CITY, STATE, ZIP: _____

PHYSICAL ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE NUMBER(S): _____ FAX NUMBER: _____

ACCOUNTS PAYABLE CONTACT (Name & Phone No.): _____

CORPORATION (STATE INCORPORATED: _____) PARTNERSHIP INDIVIDUAL OTHER _____

TYPE OF BUSINESS: _____ DATE COMPANY ESTABLISHED /
NUMBER OF YEARS IN BUSINESS: _____

NAME(S) OF PRINCIPAL(S)/OWNER(S): _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

HOME PHONE & CELL PHONE: _____

PURCHASE AGENT, OR AUTHORIZED BUYER (S): (1) _____

(2) _____ (3) _____

BANK: _____ BANK OFFICER: _____

TAX STATUS: STATE _____ PARISH _____ CITY _____ TAX EXEMPT NO. _____ (ATTACH COPY)

Check if required: Purchase Orders Job No.

CURRENT LIST OF ESTABLISHED CREDITORS (TRADE REFERENCES)

☆☆☆ MUST HAVE FAX NUMBERS TO PROCESS APPLICATION ☆☆☆

NAME _____ CITY/STATE _____ FAX _____

NAME _____ CITY/STATE _____ FAX _____

NAME _____ CITY/STATE _____ FAX _____

NAME _____ CITY/STATE _____ FAX _____

The above information is furnished to obtain credit and is warranted to be true. I or we agree to pay all bills in full within 30 days of purchase, and in default thereof to pay a "finance charge" of 1 1/2 % per month (10% annually) if not paid by the 60th day following purchase, and all costs of collection, if necessary, and all court costs and attorney fees.

★ _____
Printed Name of Company Principal or Agent

★ _____
Signature of Company Principal or Agent Date

★ _____
Printed Name of Personal Guarantor

★ _____
Signature of Personal Guarantor Date