

Please return this form to  
[accounting@sayesoffice.com](mailto:accounting@sayesoffice.com)  
or fax to 318.448.4171.



7603 Highway 71 South Alexandria, LA 71302  
Office: (318) 448-4225 Fax: (318) 448-4171  
[accounting@sayesoffice.com](mailto:accounting@sayesoffice.com)

For Office Use Only

Account#: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Date: \_\_\_\_\_

Contract: \_\_\_\_\_

### CREDIT APPLICATION

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Accounts Payable Email Address: \_\_\_\_\_

P.O. Required:  YES  NO

File Sales Tax with \_\_\_\_\_ Parish/County

City Limits:  Inside or  Outside

Sales Tax Exemption:  YES or  NO (if yes, include a copy of the signed certificate)

Sales Tax Exempt # (if applicable) \_\_\_\_\_

### CREDIT CARD INFORMATION (REQUIRED)

Type of Credit Card:  MASTERCARD  VISA  AMERICAN EXPRESS  DISCOVER

Name on Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Email Address for Credit Card Receipts: \_\_\_\_\_

### WEB USER INFORMATION

User Name: \_\_\_\_\_ User Name: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_ Delivery Address: \_\_\_\_\_

**PLEASE EMAIL THIS COMPLETED FORM TO [ACCOUNTING@SAYESOFFICE.COM](mailto:ACCOUNTING@SAYESOFFICE.COM)**

*Please note...If your delivery area is outside of Central Louisiana, a credit card is required to establish an account. Products ship via ground services and shipping charges are added to the invoice when the product ships. Hazardous materials including, but not limited to, chemicals cannot be shipped. Products that are shipped are non-returnable. If you have questions, please contact our customer service department at 318.448.4225. 20220713*