



# Ludwig Buildings Enterprises, LLC

521 Timesaver Ave. Harahan, LA 70123; Phone: (504) 733-6260; FAX: (504) 733-7458  
Mailing Address: P.O. Box 23134, Harahan, LA 70183; ludwigbuildingsenterprises.com

## CONFIDENTIAL CREDIT APPLICATION

### REQUIREMENTS FOR CREDIT CONSIDERATION BY LUDWIG

1. COMPLETELY FILLED OUT ORIGINAL CREDIT APPLICATION.
2. COPY OF INDIVIDUAL OR COMPANY CURRENT FINANCIAL STATEMENT.
3. LETTER ADDRESSED TO LUDWIG ON YOUR COMPANY LETTERHEAD AUTHORIZING YOUR COMPANY BANK TO RELEASE CREDIT INFORMATION TO LUDWIG.

(SEE EXAMPLE FOR CONTENTS OF LETTER)



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## CONFIDENTIAL CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

P. O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FEDERAL I.D. NO. \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_

### TRADE REFERENCES: LIST REFERENCES EQUAL OR GREATER TO THE AMOUNT OF CREDIT REQUESTED

NAME	ADDRESS	PHONE	FAX NO.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

### MISCELLANEOUS INFORMATION:

Purchase Orders Required Yes \_\_\_\_\_ No \_\_\_\_\_ Taxable \_\_\_\_\_

Non-Taxable \_\_\_\_\_ Tax Exempt No. \_\_\_\_\_ (Please provide copy.)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Years in Business \_\_\_\_\_ Credit Amount Applied For \_\_\_\_\_

Your Accounts Payable Contact \_\_\_\_\_ Requested Terms \_\_\_\_\_

WE UNDERSTAND THAT THIS INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM. THAT WE ARE AUTHORIZED IN OUR CAPACITY, TO BIND OUR FIRM. THAT ALL PAST DUE ACCOUNTS, NOTES, OR JUDGMENTS SHALL AUTOMATICALLY DRAW INTEREST AT THE MAXIMUM RATE PERMITTED BY LAW, AND IN THE EVENT OF NON-PAYMENT OF DEBT IT IS AGREED THAT DEBTOR WILL PAY ANY COLLECTION OR LEGAL FEES INCURRED IN COLLECTION OF SAID DEBT. IN CONSIDERATION OF CREDIT BEING EXTENDED TO THE ABOVE NAMED FIRM I PERSONALLY GUARANTEE ALL INDEBTEDNESS HEREUNDER. I FURTHER AGREE THAT THIS GUARANTY IS ANY ABSOLUTE, COMPLETED AND CONTINUING ONE AND THAT I WILL, WITHIN FIVE (5) DAYS FROM DATE OF NOTICE THAT THE ACCOUNT IS PAST DUE, PAY THE AMOUNT DUE.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ SS# \_\_\_\_\_

(BELOW IS FOR LUDWIG BUILDINGS ENTERPRISES, LLC USE ONLY)

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Limit \_\_\_\_\_ Terms \_\_\_\_\_ Date \_\_\_\_\_



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(USE YOUR COMPANY LETTERHEAD)

We hereby authorize our bank:

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

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

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

Fax: \_\_\_\_\_

to furnish Credit Information on our accounts to Ludwig Buildings, LLC

By: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

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