



# APPLICATION FOR CREDIT

Pelican Companies of America, LLC  
PO Box 161  
Berwick, LA 70342  
(985) 312-5509

rev. 05/24/2022

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_

## BUSINESS INFORMATION

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

A/P Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Sales Tax Exempt: **Y** or **N** Sales Tax Exempt Certificate # : \_\_\_\_\_  
**\*\*If sales tax exempt, please provide sales tax exempt certificate\*\***

## BANK INFORMATION

Name of Bank: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## TRADE REFERENCES

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## COMPANY PRINCIPALS

1. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %  
Title: \_\_\_\_\_  
1. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %  
Title: \_\_\_\_\_

**\*\*Please attach sheet if additional space is needed\*\***

## FOR OFFICE USE ONLY

Rec'd By \_\_\_\_\_ Date \_\_\_\_\_  
Sign \_\_\_\_\_ Docs \_\_\_\_\_  
Bank \_\_\_\_\_ Ref1 \_\_\_\_\_  
Ref2 \_\_\_\_\_ Ref3 \_\_\_\_\_  
Approved \_\_\_\_\_ Date \_\_\_\_\_  
Credit Line \$ \_\_\_\_\_

All information obtained is for  
the sole purpose of  
establishing credit with Pelican  
Companies of America, LLC.

Please send the following to [ap@thepelicancompanies.com](mailto:ap@thepelicancompanies.com):

**Completed Credit Application, Signed W9, and  
Certificate of Insurance**

*\*COI not required if opting to pay damage waiver.*

**\*\*\* In Order to Process Application, Form Must Be Completed In Full \*\*\***



**The undersigned submits an application for credit subject to the following terms, and in consideration for the extension of credit or the establishment of an account, agrees as follows:**

1. All the information submitted in the application is true and correct to the best of knowledge, information, and belief of the applicant.
2. The undersigned authorizes inquiry as to credit information and accordingly gives approval for those references to release credit information to Pelican Companies of America, LLC.
3. If credit is extended, the undersigned personally and unconditionally guarantees payment for all invoices, service charges, and costs of collection.
4. Additions or alterations to this contract are null and void unless approved in writing by an authorized representative of Pelican Companies of America, LLC.

#### **DAMAGE WAIVER**

If approved charge customers accept damage waiver, they shall pay fourteen percent (14%) of the total amount shown in the rental column of the invoice.

If approved charge customers reject the damage waiver, they shall furnish Pelican Companies of America, LLC with a certificate of insurance.

#### **RENTAL RATES**

General rental rates are based on eight (8) hours daily, forty (40) hours weekly, and one hundred sixty (160) hours monthly, unless otherwise agreed upon. All monthly billings are calculated and invoiced on a twenty-eight (28) day cycle. Overtime charges will be assessed.

If further information on our damage waiver or rental rate policy should be required, please contact our office for a more detailed explanation.

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of net 30 days from invoice date. Should it become necessary to place this account in collection, costs and attorney fees will be incurred by the undersigned. The undersigned also agrees that if partial payments are made or no payment is made on the account within the terms specified that Pelican Companies of America, LLC has the right to assess a finance charge which is computed by applying a periodic monthly rate of 1½% (annual percentage rate of 18%) to the past due balance. The undersigned agrees to pay this finance charge in addition to the unpaid balance.

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

Signature: \_\_\_\_\_

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

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

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