

CREDIT APPLICATION

PLEASE COMPLETE ALL INFORMATION

FIRM'S FULL NAME _____

INVOICING ADDRESS _____

LOCAL/DELIVERY ADDRESS _____

TELEPHONE _____ COUNTY _____

TYPE OF BUSINESS _____

CHECK ONE: PARTNERSHIP ___ SOLE PROPRIETORSHIP ___ CORPORATION _____

NAME OF PRINCIPALS _____

WILL PRINCIPALS GUARANTEE PAYMENT? ___ YES ___ NO

YEARS IN BUSINESS _____ ESTIMATED MONTHLY CREDIT NEEDED _____

A/P CONTACT _____

A/P CONTACT EMAIL _____

TAX EXEMPT ___ NO ___ YES TAX # _____

(PLEASE FAX COPY OF CERTIFICATE WITH CREDIT APPLICATION)

PURCHASE ORDER REQUIRED ___ YES ___ NO

BANKING REFERENCE

NAME OF FINANCIAL INSTITUTE _____

BRANCH LOCATION _____

COMMERCIAL REFERENCES

PREVIOUS BLUEPRINTER _____

HOW DID YOU HEAR ABOUT US? _____

COMPANY NAME _____

ADDRESS _____

CONTACT NAME AND PHONE NUMBER _____

TERMS - NET 30 DAYS

ALL OVERDUE INVOICES WILL BE BILLED A 1 1/2% PER MONTH CHARGE.

ALL REASONABLE ATTORNEY & COURT COSTS WILL BE PAID BY THE ACCOUNT.