

Credit Application Terms: Net 30 days

Please return completed applications via:
e-mail: accounting@blueprintservice.net
or fax: (661) 327-9265

Company Name:			Phone No:	
Street Address:			Fax No:	
City & State:				te:
Email Address:			☐ Corporation	\square Partnership \square Individual
			Federal I.D. #	
*Company Reference Officer Name & Soc.No:	Home Ad	dress:	Pho	one No:
1)				
Soc Sec No.				
2)				
Soc Sec No.				
Are Financial Statements Available	□ Yes □ No □	From Whom:	Annual	Sales:
*Bank Reference: Bank Name:	Account #:	Branch & Addres	SS	Contact & Phone No:
*Trade Reference: Minimum of 3 Vendor Name:	Required Address:		Credit Dept	Contact & Phone No:
Billing Address:			E-mail Inv	oices: ☐ Yes ☐ No
(if different)			E-mail Sta	tements: 🗆 Yes 🗆 No
			If Yes pleas	se include E-mail address below:
Delivery Address:				
Finformation Required on Invoices Purchase Order #: Job Name / No:			Name of Person Placing Order:	
Additional Information Required:				Number of Invoice Copies Required:
*Please list persons authorized to charge on this account:				
Accounts Payable Contact:		A/P Phone:	A/F	P Fax:
Conditions: TERMS ARE NET 30 DA	AYS UPON CREDIT A		,	
Terms of sale, include terms of payr	nent and charges, fo	r each purchase are agree	ed to be those specified	on the face of the invoice.

The customer hereby agrees to pay all cost of collection or legal fees should such action be necessary due to non-payment and a Finance Charge of 1.5% PER MONTH which is an ANNUAL PERCENTAGE RATE of 18% if not paid when due.

The above information is willingly supplied so that Blueprint Service Co. Inc. may contact the above bank and trade references in order to establish the credit worthiness of the above named company.

I have read the above conditions and hereby agree to them:

Name of Applicant:	Signature	Date:
1.		· · · · · · · · · · · · · · · · · · ·