

CREDIT APPLICATION

Customer No.		
Customer Information		
Legal Name:		
Trade Name:		
Physical Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Main E-mail:
Sales Tax Exempt?: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach your sales tax resale/exemption form(s))		
Please select one: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership, LP or LLP <input type="checkbox"/> Corporation State of Incorporation or Formation_____		
Date Incorporated:	Owner or President:	
FEIN No.: (Please attach W-9)	DNBi No.:	
Invoicing/Accounts Payable Information		
Invoicing Address:		
City:	State:	ZIP Code:
Invoicing Method:	Do you have invoicing instructions? If so please attach.	
Invoicing E-mail:		
Electronic Statements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Statement Email Address:	
AP Contact:	Phone:	Fax:
Shipping Information		
Ship to Address:		
Ship to City:	Ship to State:	Ship to Zip:
Purchasing/Buyer Information		
Name:		
E-mail:	Phone:	Fax:
Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Credit References (Minimum of 3)		
Company Name:		
Address:		
Phone:	Fax:	E-mail:
Company Name:		
Address:		
Phone:	Fax:	E-mail:
Company Name:		
Address:		
Phone:	Fax:	E-mail:
Bank Name:		
Address:		
Phone:	Fax:	Email:

Credit Agreement

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize BLP to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship. If credit is extended I/We understand the terms of sales to be Net 30 days. The undersigned also agrees that should this account become delinquent, reasonable Attorney's fees and Collections will be paid for such collection of indebtedness.

Authorized Signature (s)

Printed Name: _____
 Title: _____
 Date: _____
 Signature: _____

Office Use Only

Branch Code	Tax Code	SLM No.	Ind. Code	Payment Terms	Credit Limit Req.	Sale Pending \$	Date Needed	EMD Cust.
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval Signature (s)

- New Customer
- Name/Address Change

 Sales Representative

 Branch Manager

 VP Sales

Credit Limit Approved
Ship to Code