B L U E

## Credit Application

Sales person $\qquad$

| Legal Name of Applicant |  | Type of Business <br> $(\quad)$ Sole Proprietorship | ( ) Partnership ( ) Corporation |
| :--- | :--- | :--- | :--- | :--- |
| In Business Since | Credit Line \& term Requested | Duns Number | Federal Tax ID Number |


| Street Address | City | State | Zip | Phone Number |
| :--- | :--- | :--- | :--- | :--- |
| Mailing Address | City | State | Zip | Fax Number |


| Owner/President's Name | Home Address | Home Phone Number | Social Security Number |
| :--- | :--- | :--- | :--- |
| Purchaser's Name | E mail Address | Contact Phone Number | Contact Fax number, if any |
| A/Payable | E mail address | Contact Phone Number | Contact Fax number, if any |

Trade References

| 1) Name | 2) Name | 3) Name |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Address | Address | Address |  |  |
| Address | Address | Address |  |  |
| City, State, | Cip | Zip | City, State, |  |
| Phone Number | Fax Number | Phone Number Number | Phone Number |  |
| E-mail address | E-mail address | E-mail address |  |  |

## Bank References

| Bank Name | Checking Account Number |
| :--- | :--- |
| Address | Savings Account Number |
| City, State Zip | Contact's Name \& Title |
| Phone Number | Fax Number |

The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We authorize Blue America to investigate the references listed pertaining to my/our credit and financial responsibility, and authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/we further attest financial responsibility to paying invoices according to the terms of sale established by Blue America.
X
Authorized Applicant's Signature,
Print Name:
$\qquad$ Date: $\qquad$

