

Credit Application

Sales person _____

Legal Name of Applicant		Type of Busines () Sole Pro	ss oprietorship	()Part	nership () Corporation
In Business Since	Credit Line & term Requested	Duns Number		F	ederal Tax ID Number
Street Address C			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,	Zip	City, State,	Zip	City, State,	Zip
Phone Number	Fax Number	Phone Number	Fax Number	Phone Number	Fax 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.

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Authorized Applicant's Signature,

Print Name:

Title

Date: _____

BLUE AMERICA 4890 S. Alameda St. Unit C, Vernon, CA 90058 Phone 323-586-0633, Fax 323-586-0691