

## **Credit Application**

Sales person \_\_\_\_\_

| Legal Name of Applicant |                              | Type of Busines<br>( ) Sole Pro | ss<br>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