

THE BLUEPRINT SHOPPE, INC.

CREDIT APPLICATION

PLEASE PROVIDE ALL INFORMATION REQUESTED.

Company Name _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Accounts Payable Contact _____
Type of Business _____
Year Established _____

REFERENCES (Only vendors with whom you have an open account):

Company Name _____
Street Address _____
City/ State/ Zip _____
Telephone _____ Contact Person _____

Company Name _____
Street Address _____
City/ State/ Zip _____
Telephone _____ Contact Person _____

Company Name _____
Street Address _____
City/ State/ Zip _____
Telephone _____ Contact Person _____

Bank Name _____
City _____ Account Number _____
Telephone _____ Contact Person _____

Credit Terms are net 30 days from date of invoice. All credit customers must purchase a minimum of \$75.00 per month in order to maintain an active account. Failure to abide by these terms may result in C.O.D. status until matter is resolved.

Principle of Firm _____
Signature _____ Date _____