

BUSINESS

APPLICATION FOR CREDIT

CUSTOMER (EXACT LEGAL NAME)		DBA	YEARS IN BUSINESS	STATE OF INCORPORATION
TYPE OF BUSINESS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO.		FED. TAX ID (OR SOC. SEC.) NO.		
PRIMARY CONTACT NAME	PRIMARY CONTACT TITLE	PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT TELEPHONE NO.	
BILLING ADDRESS	CITY	STATE	ZIP	MAIN TELEPHONE NO.
SHIPPING ADDRESS	CITY	STATE	ZIP	MAIN FACSIMILE NO.

OWNERSHIP

PRINCIPAL'S NAME	EMAIL ADDRESS	CELL PHONE NO.	HOME TELEPHONE NO.
HOME STREET ADDRESS	CITY	STATE	ZIP
			YEARS UNDER CURRENT OWNERSHIP

RESPONSIBLE PARTIES, OFFICERS, AND ACCOUNTS PAYABLE

NAME	TITLE	EMAIL ADDRESS	TELEPHONE NO.
NAME	TITLE	EMAIL ADDRESS	TELEPHONE NO.

AUTHORIZED BUYERS

NAME	TITLE	EMAIL ADDRESS	TELEPHONE NO.
NAME	TITLE	EMAIL ADDRESS	TELEPHONE NO.
NAME	TITLE	EMAIL ADDRESS	TELEPHONE NO.

CREDIT REFERENCES

COMPANY #1 NAME	CONTACT NAME	TELEPHONE NO.	FACSIMILE NO.
ADDRESS	CITY	STATE	ZIP
COMPANY #2 NAME	CONTACT NAME	TELEPHONE NO.	FACSIMILE NO.
ADDRESS	CITY	STATE	ZIP
COMPANY #3 NAME	CONTACT NAME	TELEPHONE NO.	FACSIMILE NO.
ADDRESS	CITY	STATE	ZIP

BANK REFERENCE

BANK NAME	BANK CONTACT NAME	BRANCH NAME OR ADDRESS	BRANCH TELEPHONE NO.
BANK ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.

This application is submitted for the purpose of obtaining credit with AZ Overland Blueprint and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned personally guarantees all payment of debts for the above named Company and will be responsible for past due service charges of 1½ % per month on any unpaid balance, all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent monies. I understand this application may be approved based on my business and personal credit. I authorize AZ Overland Blueprint or its assignees to check references, bank accounts and credit information.

X _____
 AUTHORIZED SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

 PRINT NAME

 DATE