

## **Blue Point Fasteners**

14728 Yorba Court. Chino, CA 91710 USA Tel: 877-779-2583 Fax: 866-672-9402 www.bpfasteners.com

## **CREDIT APPLICATION**

| Date:   |  |
|---|--|
| Name of Business:   | Phone No:  |
| Street:   |  |
| City/State:   |  |
| Date Business Established:  |  |
| Federal ID#:  | _  |
| Resale Tax #: (ple  | ease provide copy of Certificate)  |
| Email to send invoices  |  |
|   | e of Owner/Officer Title   |
| Corporation_  |  |
| <u> </u>  |  |
|   |  |
| Owned Downtown You have ever Leased Rural A company you have any Residence You have any | ou have had ownership in; has ever declared bankruptcy pending lawsuits against you or your company. |
| Accounts Payable Manager:   | Accounts Payable Contact:  |
| Amount of Credit Requested: \$  |  |
| Bank Name:  | Branch:  |
| Street:   | City/State:Zip:  |
| Phone:  | Bank Contact:  |
| Name in which applicant carries bank accountAccount No.:                                |  |
| TRADE REFERENCE  1. Name  | 2. Name  |
| Street  |  |
| City/State  |  |
| Zip   | Zip  |
| Traded  | Since  |
| Phone Fax   | Phone Fax  |

| 3. Name   | _ 4. Name  |   |  |
|---|--|---|--|
| Street  | Street   |   |  |
| City/State  | •  |   |  |
| Zip   |  |   |  |
| Traded  | Since  |   |  |
| PhoneFax  | Phone  | Fax   |  |
| Informational Release Waiver  |  |   |  |
| (Must be signed in order to process application) I,   |  | of  |  |
| I,,, (Tit   |  |   |  |
| authorize the release of all pertinent credit data to relationship between(Company Name)  The information supplied in this application is to the all purchases in accordance with the terms of sale   | and Blue Point F   | Fasteners.  wledge true. The undersigned agrees to pay for  |  |
| change these terms by use of Purchase Orders, Ver approval of the Blue Point Fasteners. Credit Depar associated with the collection of any indebtedness, in unable to pay for purchases when due. The undersign per annum) on any past due amount. It is also use confidence, and will be for Blue Point Fasteners Credit | tment. In additi<br>cluding reasonab<br>ned further agree<br>anderstood that a | on the undersigned agrees to pay for all costs le attorney fees, should the undersigned become s to pay late fees equal to 1½% per month (18% all information supplied will be held in strict |  |
| Signed: (Officer of the Company)  | Da <sub>1</sub>  | te:   |  |
| (Officer of the Company)  |  | (Month/Day/Year)  |  |
| Information contained within this application is strictl<br>Under no circumstance will any information be released  | •  |   |  |

| FOR OFFICE USE ONLY         |                                   |           |      |  |
|-----------------------------|-----------------------------------|-----------|------|--|
|                             | Payment Terms/Credit Limit Amount | Signature | Date |  |
| Sales Suggests:             |                                   |           |      |  |
| Credit Manager<br>Suggests: |                                   |           |      |  |
| Payment Term approved:      |                                   |           |      |  |