

Documat

1103 North B Street, Suite A
Sacramento, CA 95814
(916) 447-7226

Brownie's

Does it

Please fax to:

(916) 325-9621

APPLICATION FOR CREDIT

FIRM NAME: _____ DATE _____

PHONE: _____ FAX: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

RESALE? _____ If yes, please attach resale card. AMOUNT OF CREDIT REQUESTED: _____

Full name of owner(s) or authorized officer of corporation. List home address and zip code for partner or individual.

NAME OF A/P SUPERVISOR: _____

NAME OF AUTHORIZED PURCHASERS/SPECIAL INSTRUCTIONS: _____

NAME & ADDRESS OF ATTORNEY: _____

Please check one of the following: Individual (Tax No: _____) Partnership (Tax No: _____) Corporation-Fed. (Tax No: _____)

TYPE OF BUSINESS: _____ DATE STARTED: _____

ESTIMATED ANNUAL SALES: _____

FORMER BUSINESS: _____ LOCATION: _____

OWN OR RENT BUILDING? _____ IF RENT, FROM WHOM? _____ PHONE: _____

CREDIT REFERENCES

NAME: **1.** _____ **2.** _____ **3.** _____

ADDRESS: _____

PHONE: _____

ACCOUNT #: _____

BANK NAME & ADDRESS: _____

ACCOUNT #: _____ OFFICER: _____

Applicant's signature attests responsibility, ability and willingness to pay our invoices in accordance with the following terms: Net 30 days from date of our invoice.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Brownie's Blueprint Co., Inc. to investigate references listed pertaining to my/our credit and financial responsibility.

FIRM NAME: _____

BY: _____ TITLE: _____

BY: _____ TITLE: _____

PLEASE ATTACH FINANCIAL STATEMENT IF AVAILABLE.