

Salisbury Blueprints
1001 Old West Innes Street, Suite 2B
Salisbury, NC 28144
(704) 637-7255 Fax (704) 637-7257
kim@salisburyblueprints.net

CREDIT APPLICATION

Date: _____

Legal Name of Firm: _____

Street Address: _____ Mailing Address: _____

City/State/Zip: _____

Telephone: _____ E-Mail: _____

Fax: _____ Nature of Business: _____

REFERENCE INFORMATION

Bank: _____ Contact: _____

Address: _____

Phone: _____ Account Number: _____

Trade References:

1. Comp. Name _____ Contact: _____

Phone: _____ Address: _____

2. Comp. Name: _____ Contact: _____

Phone: _____ Address: _____

3. Comp. Name: _____ Contact: _____

Phone: _____ Address: _____

If (we) certify that the above statements are true and correct. I (we) authorize you to obtain such information as you may require concerning this application. Terms are NET 15 days from date of delivery. It is understood that Salisbury Blueprints will impose a service charge of one and one-half percent (1 1/2%) per month on the balance of any account not paid in full. In the event the account is not paid when due and is referred for collection by or through an Attorney or Collection Agency, I (we) agree to pay the costs of collection, including reasonable Attorney's fees.

I, whose signature appears below in a personal capacity, as well as any corporate or other capacity claimed, do hereby guarantee any debt between Salisbury Blueprints and the above-named organization, and do hereby promise and agree to pay those same debts in the event they are not paid by such organizations.

In my personal Capacity (Signature)

Company: _____

Date: _____

Title: _____