



- ~ Milwaukee
- ~ Menomonee Falls
- ~ Madison - East
- ~ Madison - West

Application for Credit

Credit Department: 11331 W. Rogers Street
 Milwaukee, WI 53227-1136
 Ph: 414-327-5010 Fx: 414-327-6568

If your company has a standard credit form, please complete Sections 1, 2, and 6.

Section 1

Bill To Address:

Company Name _____

Street _____

City _____ State _____ Zip _____

County _____

Phone _____ Fax _____

Ship To Address (If different from above):

Company Name _____

Street _____

City _____ State _____ Zip _____

County _____

Phone _____ Fax _____

Additional Ship To Address (If different from above):

Company Name _____

Street _____

City _____ State _____ Zip _____

County _____

Phone _____ Fax _____

Section 2

Check one : _____ Corporation _____ Proprietorship _____ Partnership _____ LLC

Years in business _____ Type of business _____

Purchasing Contact(s) _____

E-Mail Address _____

Phone _____ Fax _____

Payables Contact(s) _____

E-Mail Address _____

Phone _____ Fax _____

Tax Status: _____ Taxable _____ Tax Exempt **(Certificate of Exemption Required)**

Do you require monthly statements? _____ Yes _____ No

Section 3

Name of Owner(s) / Officers

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Section 4

Bank Reference

Bank Name _____

Account Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Account Representative _____

Trade References (Do Not List Utility Companies or Office Supply Centers)

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

The information on this form is to the best of my knowledge complete and accurate. The undersigned hereby gives permission and authorizes the release of credit information supplied above.

1. Terms of sale are Net 30 days unless stated upon our invoice.
2. All past due invoices are subject to a late payment charge of 1-1/2% per month (18% APR) or the maximum allowed by law.
3. In the event your account becomes past due, it is subject to being placed with a third party collection agency or an Attorney for collection. The buyer agrees to pay late fee charges and any late payment as outlined in number 2.

Authorized By – Signature

Title

Print Name

Date

ITEM 4 IS TO BE COMPLETED IF TRADE REFERENCES ARE NOT AVAILABLE

4. In the event the account falls past the terms outlined in item #1 above, I authorize BPI – Blueprints, Inc. to charge the following credit card:

Card Number _____

Expiration Date _____

Verification Code _____

Zip Code of Card Billing Address _____

Please Sign and date:

Authorized By – Signature

Title

Print Name

Date

How did you hear of BPI?

____ Yellow Pages ____ Sales Representative ____ Co-Worker _____ Other

This application must be complete and signed to activate your credit line with BPI

Thank you for your consideration – BPI Credit Department