

* Required Information Date: ____ /____ /____

CUSTOMER CONTACT INFORMATION

Completing	this section will a	llow us to update our r	records and ensure	timely communications wit	h you.	
Completed by*: Title*:						
Company Name*:						
Address*:			_City*:	State*:	_ Zip*:	
Phone #*:			_ Fax #:			
Accounting Contact Nam	ne*:			Phone #*:		
Email Address*:			Email in	nvoices/statements to this	address*? Y / N	
If you are a new custom	er, please let us	know how you hear	d about us!			
Web Search	Facebook	Advertising:				
Referral:		Other:				
	CREDIT A	APPLICATION FOR	R TERMS NET 2	20 ACCOUNT		
	Complete	this section only if app	olying for a Terms N	Net 20 account.		
If a business, type of business or trade*:				Established*:	//	
Purchase orders required	d*? Y / N We	bsite Address*:				
Owner's Name*:		E	Email*:			
		TRADE RE	FERENCES*			
Business Name:	Contact:					
Phone:	Fax Number:					
Email address:						
Business Name:						
Phone:		Fax I	Number:			
Email address:						
Business Name:			Contact	t:		
Phone:		Fax I	Number:			
Email address:						
	PARTY	AUTHORIZED TO SUI	BMIT CREDIT API	PLICATION*		
Name:		Position/Title:				
Signature:	Date:					

By signing above, you agree that as a Terms Net 20 account, you approve all orders placed by your company to be produced upon receipt, and you agree to pay the corresponding invoices within 20 days of receipt.

The information collected on this form is strictly used for Best Blue Print, LLC accounting, business and promotional communication purposes.