



# APPLICATION FOR OPEN ACCOUNT

**BILL TO**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**SHIP TO**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

If Subsidiary, name parent company \_\_\_\_\_ Years in business \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_  
 Business Structure:  Proprietorship  Partnership  Corporation Date Incorporated \_\_\_\_\_ State \_\_\_\_\_  
 D&B # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ State Tax Resale Certificate # \_\_\_\_\_

**PRINCIPALS** (If applicant is not a corporation)

**1** Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
**2** Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**ACCOUNTS PAYABLE** Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**BANK INFORMATION** Name of Bank \_\_\_\_\_ Branch Address \_\_\_\_\_

Account # \_\_\_\_\_ Acct Officer's Name \_\_\_\_\_ Phone \_\_\_\_\_

**TRADE REFERENCES**

**1** Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
**2** Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
**3** Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
**4** Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Net payment due 10th of the following month from date last invoice posted. If payment is not received by the 20th of the month the account will be placed on C.O.D. and a service charge of 1 1/2% per month. Applicant will be liable for all fees incurred by BLP if the account is placed under collections. **Applicants' signature constitutes a personal guarantee for payment of all charges on this account including but not limited to any corporations or other business entity granted credit pursuant to this application.**

Signature (Principal or Corporate Officer only) \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Full Name of Firm \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY			
Customer Account # _____	Office Mgr. Approval _____		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Limit \$ _____	Date Processed _____	

**BLP - BO LAWS PERFORMANCE PRODUCTS, INC.**

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