



CREDIT APPLICATION
TERMS 2% 10 NET 30 DAYS

Name of Firm: In business since:
Corporation: Partnership: Proprietorship: Other:

Name of owner or chief financial officer:

Type of business:

Billing Address:

City/State/Zip:

Telephone: Fax:

Shipping Address:

City/State/Zip:

Telephone: Fax:

REFERENCES

1. Name of Firm:

Mailing Address:

City/State/Zip:

Telephone: Fax:

2. Name of Firm:

Mailing Address:

City/State/Zip:

Telephone: Fax:

3. Name of Firm:

Mailing Address:

City/State/Zip:

Telephone: Fax:

4. Name of Firm:

Mailing Address:

City/State/Zip:

Telephone: Fax:

FINANCIAL INSTITUTION

Name of Institution:

Address/City/State/Zip:

Contact Person: Account #:

Telephone: Fax:

I authorize the above vendors and bank to release information regarding my account to B.J.B. Enterprises, Inc. All information will be considered strictly confidential.

Signature: Date:

Print Name & Title: