Blue Generation Credit Application

Please fill in information, print, SIGN & fax: 1-888-744-7887 or scan & send encrypted email to info@bluegeneration.com

Pending Order No:		Credit Line Applied For*:					
Company Name*:			D/B/A*:				
Address*:				Telepho	one*:		
City*:		State*:	Zip*:	Fax*:			
E-mail*:		Contact	: Name*:				
Corporation:	Partnership:	SoleProprietor: _	Ye	ears in business*:			
ASI No.:	D&B No.:	Federal	ID No.*:		_ PPAI No.:		
Has your account be	en factored before? If Y	es, with whom?					
		TRADE F	REFERENCES				
Name*:			Name*:				
	State*:						
Attention*:			Attention*	':			
Name:			Name:				
	State:						
Attention:		·	Attention:				
Name:			Name:				
	State:						
Attention:			Attention:				
	AUT	HORIZATION TO OF	BTAIN BANK I	INFORMATION			
Bank Name*:			Bank Cont	tact*:			
Address*:			Checking	Account No.*:			
City*:			Signature:	:			
State*:Zip	*:Phone*:		Title*:		Fax:		
		TERMS (OF ACCOUNT				
А	Net 30 days from E service charge of 1%	Date of Invoice - FO per month (12% per		•		ns.	
terms. We autho	firm is financially ablorize the references lise agree to pay reason	sted above to provide	the requeste	d information. We	understand th	at in the event of	
Signed By:		Title*:		Date	*:		