



CAD BLU

Application for Credit

Business Name	
Name	_____
Email	_____
Address	_____
City	_____ State/Zip _____
Tel	_____ Fax _____

Organization	
Type:	_____
Individual <input type="checkbox"/>	P.O. Number Required?
Partnership <input type="checkbox"/>	Yes () No ()
Corporation <input type="checkbox"/>	Credit Line Requested:
LLC <input type="checkbox"/>	\$ _____

Purchasing Information	
Purchasing Contact	_____
Billing Contact	_____
Purchases are:	<input type="checkbox"/> Taxable <input type="checkbox"/> Resale <input type="checkbox"/> Mixed
<i>For resale or mixed please provide permit no.(s)</i>	
Federal Tax Number	_____ State Tax Number _____

Bank Information	
Name	_____
Address	_____
Contact	_____
City	_____ State/Zip _____
Phone	_____ Fax _____
Account No	_____

Business/Trade References	
Company Name	_____
Contact	_____
Address	_____
City	_____ State/Zip _____
Email	_____
Tel	_____ Fax _____

Business/Trade References	
Company Name	_____
Contact	_____
Address	_____
City	_____ State/Zip _____
Email	_____
Tel	_____ Fax _____

Business/Trade References	
Company Name	_____
Contact	_____
Address	_____
City	_____ State/Zip _____
Email	_____
Tel	_____ Fax _____

Business/Trade References	
Company Name	_____
Contact	_____
Address	_____
City	_____ State/Zip _____
Email	_____
Tel	_____ Fax _____

Personal Guarantee

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 5 working days of the invoice date.
3. By Submitting this application, you authorize Cad Blu Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. 5% will be added on all future past due invoices per day starting July 15, 2007.

Signature of Proprietor, Partner or Officer of company

_____ Signature _____ Print _____ Title _____ Date