



Please note all accounts are prepay until this form is complete. First time orders require 50% deposit AND form completed.

Company: _____		Date: _____	
Address: _____		E-mail Address: _____	
City: _____	State: _____	Zip: _____	
Phone: _____		Fax: _____	
Fed. ID Number: _____		Tax Exempt Number: _____	
Date Established: _____		At Present Location Since: _____	
Type of Business: [] Corporation [] Sub-Corporation [] Partnership [] Proprietorship			
Parent Company (if applicable): _____			
Principles/Owners: _____		Phone: _____	
Buyers: _____			
Bookkeeper (accounts payable name): _____		Want E-Billing? Enter email below.	
Phone: _____	Fax: _____	Email: _____	
Have you ever applied for or filed bankruptcy? _____		If yes, when? _____	
Do you own or rent your business facility? _____			
Bank Name: _____		Phone: _____	
Address: _____	City: _____	State: _____	Zip: _____
Acct. #: _____	Do you require Purchase Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TRADE REFERENCES (OPEN ACCOUNTS)

Company Name: _____	Company Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____
Fax: _____ Acct.# _____	Fax: _____ Acct.# _____

Company Name: _____	Company Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____
Fax: _____ Acct.# _____	Fax: _____ Acct.# _____

Upon approval of this application by Business Printing Company, Inc. the applicant agrees to make payment in accordance with the schedule and in the amount set forth on the invoices. Applicants agrees to pay interest at the rate of 1 1/2% per month on past due invoices. The interpretation and enforcement of this agreement shall be governed by the laws of the State of California.

_____ authorizes us to obtain information from the above sources to verify credit worthiness.

Signature of Owner/Officer: _____ Title: _____

Print Name: _____

BPC USE ONLY

Terms Approved: Prepay Bill CC at 20 1% 10/Net 20 Net 45 (must have approval)

Account Number: _____ Approved by: _____

(You must fax or email a resale certificate separately if you wish your account to be tax exempt.)

Email: AR@businessprintingco.com Fax: (858) 453-0122