

CREDIT APPLICATION

Please fill this entire form out completely and accurately.



www.bjscustomcreations.com

800-713-7823

Today's Date: ___/___/___

Business Name: _____

Billing Address:

Shipping Address: (if different)

Street: _____ Street: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone #: _____ Fax: _____ Web: _____

PLEASE NOTE: If you have one of the numbers below, you must attach a copy to this form for our records.

Are your purchases tax exempt? ___ Yes ___ No If yes, please attach a copy of your state certificate.

Do you have a resale certificate? ___ Yes ___ No If yes, please attach a copy of your Sales & Use cert.

Do you require a Purchase Order Number for all purchases? ___ Yes ___ No

How long in business? _____

Owner/President Name: _____

Accounts Payable Contact: _____ Phone: _____ Email: _____

Ownership: Sole Owner Partnership Corporation

We now have the capabilities with our new system to send your invoices electronically thru email to you.

Would you like to take advantage of this convenience? ___ No ___ Yes, please send my invoice to:

Email: _____

AUTHORIZED PURCHASING AGENTS

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

TRADE REFERENCES

To be completed only if you wish to have credit terms. Otherwise you may remain a COD account.

Do not include banks, credit card companies, or utilities; as these will not give references without your signature.

Co. Name: _____

Contact Name: _____

Fax #: _____

Acct. #: _____

Co. Name: _____

Contact Name: _____

Fax #: _____

Acct. #: _____

Co. Name: _____

Contact Name: _____

Fax #: _____

Acct. #: _____

Co. Name: _____

Contact Name: _____

Fax #: _____

Acct. #: _____

_____ Please exclude us from any special email offers that BJ's may send exclusively to their customers.