



P.O. Box 993  
Valley Forge, PA 19482  
610-935-1999  
FAX 610-935-1904  
bscs@bluestreakcourier.com

## CREDIT APPLICATION

### BILLING INFORMATION:

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different) : \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Accounts Payable Dept. Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Special Billing Requirements (ie, PO#, File Name, Reference#) \_\_\_\_\_

### ORGANIZATION OF BUSINESS:

\_\_\_\_ Sole Proprietorship; or \_\_\_\_ Partnership; or \_\_\_\_ Corporation (State Inc'd) \_\_\_\_\_

Proprietor/Partner's Name: \_\_\_\_\_ Fed ID# \_\_\_\_\_

Nature/Type of Business: \_\_\_\_\_ Yr Est'd \_\_\_\_\_

### BANK REFERENCE:

Bank Name, Branch & Contact : \_\_\_\_\_ Acct # \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone# \_\_\_\_\_

### CREDIT REFERENCE:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**CREDIT TERMS:** Payment is due within 30 days of invoice date unless specifically agreed to, in writing, by Blue Streak. Past due amounts are subject to a charge of 1.5% per month. Signature below indicates understanding of and agreement to comply with these terms. Please sign below:

\*\*We would like to establish a pay-as you-go "Credit Card on File" Account. (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Please call: \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_ for credit card information.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name

Title

Company Name