



P.O. BOX 993  
 Valley Forge, PA 19482  
 610-935-1999  
 Fax 610-935-1904

**BILLING INFORMATION**

Company Name		Phone	
Street Address		Suite#	
City		State	Zip
Billing Address (if different)			

**ACCOUNTS PAYABLE**

Contact Name		Contact Phone	
Dept Phone		Fax	
A/P Email Address			
Required Billing Information on Invoice (PO#. File Name, Reference #, etc.)			
Additional Instructions			

**ORGANIZATION OF BUSINESS**

Business Type	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
Proprietor/Partner's Name		Fed ID#	
Nature/Type of Business:		Year Established	

**BANK REFERENCE**

Bank Name, Branch		Acct #	
Street Address		Phone #	

**CREDIT REFERENCE(S):**

Company:		Contact:		Phone #	
Company:		Contact:		Phone#	

We would like to establish a pay-as-you-go "Credit Card on File" account:      Yes:       No

Please call Name \_\_\_\_\_ Phone \_\_\_\_\_

**CREDIT TERMS, DISCLAIMER AND SIGNATURE**

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 or 1.5% per month. Submission of this electronic or hard copy application shall have the same force and effect as if the application bore an inked original signature. The submitter certifies that all information provided is true, correct, complete and indicates understanding of and agreement to comply with these terms:

Signature	Title	Date
Print Name	Company name	