

# Blue Generation Credit Application

Print page, fill in information, sign & fax: 1-888-744-7887

Pending Order No. \_\_\_\_\_ Credit Line Applied For \_\_\_\_\_  
Company Name \_\_\_\_\_ D/B/A \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_ Contact Name \_\_\_\_\_  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Years in business \_\_\_\_\_  
ASI No. \_\_\_\_\_ D&B No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_ PPAI No. \_\_\_\_\_  
Has your account been factored before? If Yes, with whom? \_\_\_\_\_

## TRADE REFERENCES

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attention \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attention \_\_\_\_\_

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Attention \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attention \_\_\_\_\_

## AUTHORIZATION TO OBTAIN BANK INFORMATION

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Bank Contact \_\_\_\_\_  
Checking Account No. \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Fax \_\_\_\_\_

## TERMS OF ACCOUNT

Net 30 days from Date of Invoice - FOB: M. Rubin & Sons, N. J. Distribution Center  
A service charge of 1% per month (12% per annum) applies to balances 30 days past terms.

We believe that our firm is financially able to meet any commitments we have and agree to pay your invoices according to your terms. We authorize the references listed above to provide the requested information. We understand that in the event of default, we agree to pay reasonable collection charges, interest, attorney fees, court costs where applicable.

Signed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_