



P.O. Box 993
Valley Forge, PA 19482
610-935-1999
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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