



**BUSINESS APPLICATION**

|      |                       |   |
|------|-----------------------|---|
| Date | Est. Purchase Volume? | Tax Exempt (Copy of certificate must be attached)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|------|-----------------------|---|

**BILLING INFORMATION**

|   |                       |              |          |
|---|-----------------------|--------------|----------|
| Full Legal Business Entity                                    | Business Phone Number | Business Fax |          |
| Street Address  | City                  | State        | Zip Code |
| Billing Address (If Different Than Above)                     | City                  | State        | Zip Code |
| Previous Address ( If Less Than 12 Months At Current Address) | City                  | State        | Zip Code |

**BUSINESS CREDIT INFORMATION**

|   |  |   |  |
|---|--|---|--|
| Principal(s) Authorized Officer(s)  | Title(s)   |   |  |
| Person(s) To Contact Regarding Account  | Main Line of Business  | Duns Number   |  |
| If Subsidiary, Name of Parent Company   | Doing business As\Also Known As  |   |  |
| Street Address  | City   | State   | Zip Code   |
| Tax Payer ID Number   | In Business Since  | Number of Locations                                   |  |
| Company's Annual Sales:<br><input type="checkbox"/> \$1 million or less<br><input type="checkbox"/> more than \$1 million<br>(If Non-Profit provide annual budget and source of funding information \$_____)  | Number of Employees At Your Location<br><input type="checkbox"/> One <input type="checkbox"/> 6-10 <input type="checkbox"/> 21-50 <input type="checkbox"/> 101-250 <input type="checkbox"/> 500+<br><input type="checkbox"/> 2-5 <input type="checkbox"/> 11-20 <input type="checkbox"/> 51-100 <input type="checkbox"/> 251-500 |   |  |
| Company Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership<br><input type="checkbox"/> Incorporated (For more than two years) <input type="checkbox"/> Incorporated (For less than two years) State Incorporated _____ |  |   |  |
| Business Type (please check one)  |  |   |  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Transportation/Utilities  | <input type="checkbox"/> Communications               | <input type="checkbox"/> Wholesaler  |
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Insurance   | <input type="checkbox"/> Real Estate                  | <input type="checkbox"/> Hotel\Motel   |
| <input type="checkbox"/> Printing/<br>Publishing  | <input type="checkbox"/> Eng/Arch/Acct<br>Mngt Services  | <input type="checkbox"/> Education<br>Social Services | <input type="checkbox"/> Legal<br>Government   |
|   |  | <input type="checkbox"/> Retailer                     | <input type="checkbox"/> Professional<br>Service                                     |
|   |  | <input type="checkbox"/> Misc. Professional           | <input type="checkbox"/> Restraunt/Bar<br>Business Service<br>Medical<br>Other _____ |
|   |  |   | <input type="checkbox"/> Bank/Finance<br>Non-Profit<br>Organization                  |

**Bank References**

|              |         |                         |              |
|--------------|---------|-------------------------|--------------|
| Bank Name    | Contact | Checking Account Number |              |
| Bank Address | City    | State                   | Zip Code     |
|              |         |                         | Phone Number |

**Credit References (No Utility, bank, Credit Card, Landlord or Personal)**

|                |                       |                     |                |
|----------------|-----------------------|---------------------|----------------|
| Company Name   | Business Phone Number | Business Fax Number | Account Number |
| Street Address | City                  | State               | Zip Code       |
| Company Name   | Business Phone Number | Business Fax Number | Account Number |
| Street Address | City                  | State               | Zip Code       |
| Company Name   | Business Phone Number | Business Fax Number | Account Number |
| Street Address | City                  | State               | Zip Code       |

Please read this Business Application before you sign. By signing below, you agree that you have received and read the application for Business Credit for Blueprints Unlimited and agree to be bound by it's Terms and Conditions.

Authorized Signature (Signature Required): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

P.O. Box 317  707-C East Clements Bridge Road  Runnemede, NJ 08078  
Tel: 856•312•0222  Fax: 856•312•0244