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CUSTOMER CREDIT APPLICATION

Business/Customer Name: _____

Billing Address: _____

Business Phone: _____

Business Fax: _____

E-mail Address: _____

Contact Person: _____

BANK REFERENCE:

Bank Name & Address _____

Account Number _____ Phone # _____

Credit Card Information: (This card to be charged if account becomes 30 days past due)

(Mastercard, Visa, Discover, American Express)

Account Number _____ Expiration Date _____

Name on Card _____

TRADE REFERENCES:

1. _____
 Name Address Account Number Phone Number

2. _____
 Name Address Account Number Phone Number

The submission of this credit application represents an agreement of the purchaser to pay all collection costs, attorney's fees, court costs, and allowable legal interest should it become necessary to enforce collection of any amounts due as a result of extension of credit to you. The Purchaser also agrees that this Agreement, for the purpose of venue, was entered into in Manatee County, Florida.

I authorize Jeffcoat Blueprinting, Inc. to verify all information given above, and that such info, to the best of my knowledge, is true and correct.

 Signature

 Title

 Name (Printed)

 Date