

The Credit Application is on the following page.

Please note these five items first:

1. It is very important that we have **all** fax numbers – and that they are **up-to-date**. Otherwise, the process can be greatly delayed.
2. Please clearly sign the bottom of the application. This is very important, as we need to show this to your bank.
3. Most banks will not give out Credit Information if the Account Number is not provided.
4. If you have your *own* information already filled out separately, it is not necessary to fill out the portion on our application asking for references. However, please still fill out the first two sections and sign it at the bottom. Then fax back along with your paperwork.
5. Your first purchase order is required to be pre-paid via C.O.D. or Credit Card – *even if your application has already been approved.*

Thank you for noting these basic items. Following these instructions will make this a very quick process.

BLI International Customer Service.

BLI International's Credit Application

Please legibly fill in the following information

→ → → → ** Include ALL FAX numbers** ← ← ← ←

Date of this application: ____ / ____ / ____

Type of Business: (Please circle one below)
Corporation – Partnership – Proprietorship

Business Information:

Account Name _____ Phone Number _____
Owner (If Not Incorporated) _____ Fax Number _____
Street Address _____
City _____ State _____ Zip Code _____
Billing Address (If different from above) _____
City _____ State _____ Zip Code _____
Date Business Started: ____ / ____ / ____ Anticipated Annual Volume with BLI _____
Website _____ **Email** _____

Officers of the Corporation:

President _____ Vice President _____
Secretary _____ Treasurer _____
Accounts Payable _____ Buyer _____
Contact Person _____ Title _____

Bank References:

Name _____ Ph. _____ **Fax** _____
Address _____ Account Number _____
City _____ State _____ Zip _____ Contact _____

Name _____ Ph. _____ **Fax** _____
Address _____ Account Number _____
City _____ State _____ Zip _____ Contact _____

Business References:

Name _____ Ph. _____ **Fax** _____
Address _____ Account Number _____
City _____ State _____ Zip _____ Contact _____

Name _____ Ph. _____ **Fax** _____
Address _____ Account Number _____
City _____ State _____ Zip _____ Contact _____

Name _____ Ph. _____ **Fax** _____
Address _____ Account Number _____
City _____ State _____ Zip _____ Contact _____

All information given is warranted to be true. I hereby authorize the firm to whom this application is being made to investigate references listed pertaining to our credit and financial responsibility.

Owner or Principle's Signature _____ Date: ____ / ____ / ____

Please submit a copy of your Business License and Resale License with this form

IMPORTANT NOTE: All fax numbers must be present – and updated - or your application will not be processed!

PLEASE FAX BACK TO: (509) 276-8505
12402 N Division St., #200; Spokane WA 99218