



**APPLICATION & AGREEMENT  
FOR OPEN ACCOUNT**

Company Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Type of Organization: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC  
Years in business, as named above \_\_\_\_\_

**Name of Owners, Partners, or Officers responsible for business transactions:**

<u>Name</u>	<u>Title</u>	<u>Position</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Bank Information:**

Bank name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Person \_\_\_\_\_

**Major Trade References:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Accounts Payable Contact \_\_\_\_\_  
E-mail Address for account questions \_\_\_\_\_  
Have you ever declared bankruptcy? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_  
Do you require purchase orders \_\_\_\_ Yes \_\_\_\_ No  
Amount of Credit desired? \$ \_\_\_\_\_



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I hereby attest to the correctness of the above representations and authorize TBF Sales, Inc./The Blueberry Store to investigate my credit history, including the above made representations, for the purpose of establishing credit with TBF Sales, Inc./The Blueberry Store. In the event outside collection procedures are necessary, I agree to pay reasonable attorney fees, costs and interest. Finance charges are applicable on past due balances greater than 30 days at a rate of 18% (APR).

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

<b>~ INTERNAL USE ONLY ~</b>	
Date _____	Credit Amount _____
Authorized by _____	