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NET TERMS APPLICATION

In order to accept your company's check, we must have all of the following information. Please fill out completely and legibly. Be sure to include fax numbers for trade references for quick processing of your application. Thank you for your understanding. SIX REFERENCES MUST BE PROVIDED.

FIRM NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

E-MAIL _____

NAME _____

TITLE _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

FAX _____

TYPE OF COMPANY:

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

PRIMARY NATURE OF BUSINESS _____

ESTIMATED MONTHLY PURCHASES FROM US _____

YEARS IN BUSINESS _____

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE PHONE # _____

BANK REFERENCE

BANK NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

ACCOUNT # _____

TRADE REFERENCE #1

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

ACCOUNT # _____

TRADE REFERENCE #2

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

ACCOUNT # _____

TRADE REFERENCE #3

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

ACCOUNT # _____

TRADE REFERENCE #4

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

ACCOUNT # _____

TRADE REFERENCE #5

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

ACCOUNT # _____

TRADE REFERENCE #6

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX _____

ACCOUNT # _____

Authorization is hereby given by the signer of this credit application to release any and all credit information including bank information for the purpose of determining credit terms. I realize that I am personally responsible for checks issued to Liquid Blue. If I bounce a check, I will replace it with a bank check plus a \$20 bookkeeping charge and a 1.5% finance charge on all past due bills. I will also be held responsible for past due bills owed to Liquid Blue and any fees incurred in the collection of past due bills. (Faxed signature considered binding and same as original.)

Authorized Signature _____ Title _____ Date _____