



- ~ Milwaukee
- ~ Menomonee Falls
- ~ Madison - East
- ~ Madison - West

Application for Credit

Accounting Department: BPI Color
11331 W. Rogers Street
Milwaukee, WI 53227
Ph: 414-327-5010 Email: vvanlare@bpicolor.com

If your company has a standard credit form, please complete Sections 1, 2, and 6.

Section 1

Bill To Address:

Company Name _____

Street _____

City _____ State _____ Zip _____

County _____

Phone _____ Email _____

Ship To Address (If different from above):

Company Name _____

Street _____

City _____ State _____ Zip _____

County _____

Phone _____ Email _____

Section 2

Check one : _____ Corporation _____ Proprietorship _____ Partnership _____ LLC

Years in business _____ Type of business _____

Purchasing Contact(s) _____

E-Mail Address _____

Phone _____ Email _____

Payables Contact(s) _____

E-Mail Address _____

Phone _____ Email _____

Tax Status: _____ Taxable _____ Tax Exempt **(Certificate of Exemption Required)**

Do you require monthly statements? _____ Yes _____ No

Section 3

Name of Owner(s) / Officers

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Section 4

Bank Reference

Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Account Representative _____

Trade References (Do Not List Utility Companies or Office Supply Centers)

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Section 6

The information on this form is to the best of my knowledge complete and accurate. The undersigned hereby gives permission and authorizes the release of credit information supplied above.

1. Terms of sale are Net 30 days unless stated upon our invoice.
2. All past due invoices are subject to a late payment charge of 1-1/2% per month (18% APR) or the maximum allowed by law.
3. In the event your account becomes past due, it is subject to being placed with a third party collection agency or an Attorney for collection. The buyer agrees to pay late fee charges and any late payment as outlined in number 2.

Authorized By – Signature

Title

Print Name

Date

ITEM 4 IS TO BE COMPLETED IF TRADE REFERENCES ARE NOT AVAILABLE

4. In the event the account falls past the terms outlined in item #1 above, I authorize BPI Color to charge the following credit card:

Card Number _____

Expiration Date _____

Verification Code _____

Zip Code of Card Billing Address _____

Please Sign and date:

Authorized By – Signature

Title

Print Name

Date

How did you hear of BPI? _____ Google _____ Website _____ Other

This application must be complete and signed to activate your credit line with BPI Color.

Thank you for your consideration – BPI Color Accounting Department