Net 30 Account Application

Date: _____

Company Name: _____

Contact Name: _____

Billing Address: _____

Cit, State, Zip: _____

Phone: _____ Fax: _____

Email to send invoices: _____

How long at current location? Years: _____ Months: _____

Age of Business? Years: _____

Nature of business? _____

Bank Reference: _____

Please furnish two credit references:

Reference 1:

Name: _____

Phone: _____

Reference 2:

Name: _____

Phone: _____

Phone: 404.262.3931
support@buckblue.com
www.buckblue.com

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Single Source for Print Marketing

Net 30 Account Application
Credit Card Information

Type of Card: ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Name on Card: _____

Card #: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Billing Address: _____

We do require a credit card on file for all new NET30 clients. If the passed due date goes to 45 days we will charge the credit card on file.