

BCM ARCHITECTURAL

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APPLICATION FOR CREDIT

To our Customers and Prospective Customers:
BCM prides itself in the service it provides to our customers. You can help us to serve you quickly by filling out this application as completely as possibly.

(Optional) Amount of credit requested \$ _____

Name of Business (Legal Name) _____

Federal Tax Id. Or SS# _____

Resale # _____ Issued by (State) _____

Dun & Bradstreet No.: _____

Kind of Business (Activities engaged in) _____

Length of time in Present Business _____

Type of Business (Identify One Below):

- Sole Owner Partnership Corporation Limited Liability Company
 Other -- Specify _____

Date Company formed _____

State ____

List of Owners/Representatives (including name, titles and addresses)

Business Address _____

How long at this address? _____

Business Telephone # _____

Fax # _____

E-mail address _____

Website _____

Contact in Billing Dept.: _____

Special billing requirements: _____

Three Trade References – Name, Address, Phone #, Fax # & Type of Business

1. _____

2. _____

3. _____

Has the business recently filed a financial statement with a bank? Yes No

If yes, Name and Branch of Bank

Have you or the business ever had a business failure or filed any type of bankruptcy proceeding?

Yes No

If yes, explain on a separate page.

I represent that the above information is true and is given to induce BCM Corp. to make such credit investigation as BCM Corp sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to BCM Corp any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions of this credit application and agree to all of the terms and conditions.

Agreement - We agree to 1) Pay all balances within 30 days; 2) Pay collection fees incurred by BCM Corp to collect past due balances; 3) Immediately notify BCM Corp of any changes in above information.

We acknowledge BCM Corp's right to send accounts to a collection agent. We acknowledge BCM Corp shall be entitled to recover attorney's fees and actual costs including, but not limited to, collection fees, court costs, expert witness fees, and any other fees and costs, whether or not the proceeding or action proceeds to judgement.

Authorized Signature

Signature is required by an owner or an officer of the company

Printed Name

Title

Date

GENERAL TERMS AND CONDITIONS

1. A SERVICE CHARGE OF 1-1/2% PER MONTH MAY BE ADDED TO ALL AMOUNTS BILLED IF NOT PAID WITHIN TERMS.
2. NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS UNLESS SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT.

PLEASE ENCLOSE A COPY OF YOUR TAX ID# AND COPY WITH THIS APPLICATION

BANK INFORMATION:

(PLEASE FILL IN THE FOLLOWING INFORMATION)

Address or Branch _____

Contact: _____

Bank Telephone # _____

Name of Account: _____

Account Number: _____

Type of Account: _____

Signature: _____

Printed Name: _____

Date: _____