



## Business Credit Application

Please send completed application to [orders@blankind.com](mailto:orders@blankind.com) or fax to 978-562-9136

### Company Information

Last:	First:	Title:	
Name of Business:		Tax I.D. Number:	
Address:		Email for Invoicing:	
City:	State:	ZIP:	Phone:
Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:			Title:
Address:	City:	State:	ZIP: Phone:

**Attach Your State Reseller's Tax Certificate Made Out To Blank Industries LLC or Invoicing to You May Be Taxed**

### Credit Application -

#### Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

#### Trade References

Company Name:	Company Name:	Company Name:	
Contact Name:	Contact Name:	Contact Name:	
Address:	Address:	Address:	
Phone:	Phone:	Phone:	
Account Opened Since:	Account Opened Since:	Account Opened Since:	
Credit Limit:	Credit Limit:	Credit Limit:	
Current Balance:	Current Balance:	Current Balance:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**By signing above, the signer hereby acknowledges and agrees to the Terms and Conditions\* on the separate form provided with this document, and listed on Blankind.com**



## Shipping Questionnaire

Company			
Shipping Contact		Shipping Phone	
Shipping Email			

Day	Receiving Start Time	Receiving Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (pickup Friday)		
Require Dock Appointment?	<input type="checkbox"/>	# of Days in Advance?
Notes/Comments:		

Truck Types	Yes/No	Preference/Comments
Dry Van		
Flatbed		
*Require a Moffett?		
*Require a Palletjack?		
Triaxle	<input type="checkbox"/>	(Bulk products only)
Trailer	<input type="checkbox"/>	(Bulk products only)

*\* Additional Fee may apply for add-ons*

[Click for Our Terms and Conditions](#)