AUGUSTA BLUEPRINT CREDIT APPLICATION

P.O. Box 549 ● Augusta, GA 30903 ● 512 Reynolds Street ● Augusta, GA 30901 (706) 722-6488 (phone) ● (706) 722-8935 (*Fax*)

<u>acct@augustablue.com</u> (Accts Payable) <u>www.augustablue.com</u> (Website-Make a payment)

TERMS: Payable upon receipt (30 days max) - NET 30 DAYS

A SERVICE CHARGE OF 1.75% PER MONTH WILL BE CHARGED ON ALL PAST-DUE ACCOUNTS

Name of Firm/Individu		Date:				
Jame of Requestor:		Phone:				
illing Address:		Phone:				
ity:			State			
ccounts Payable Em	ail Address:					
nipping Address:			City:		State:	
mail Address:			Credit Amount Desired: \$			
☐ Corporation	☐ Partnership	□ LLC	☐ Individual	☐ In Business Since:		
Name(s) of Principal(s)			Address		Phone Number	
	Location REFERENCES: Na		•	Phone one Number and Er	Account Number	
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agree to the proper p	payment in consider	ation of exten	ided credit. By sigr	e fully understand yo ning this document, y worthiness only not t	ou authorize Augusta	
Date:	20		outhorized Signatur	201		