



**ACCOUNT APPLICATION**

Company Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_  
Street, PO Box City State Zip

Ship to Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Owner(s) and Title: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ P.O. Required (circle one): Yes / No

**TRADE REFERENCES WITH WHOM YOU HAVE ESTABLISHED CREDIT**

1. Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**BANK INFORMATION**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Permission for Bank to Release Information: \_\_\_\_\_  
Signature

**CHECK ONE**

I authorize BlueServ Reprographics to digitally send my invoices via E-mail to the E-mail address listed below. I understand that no invoices will be mailed via USPS when an invoice is e-mailed. E-mail: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Today's Date: \_\_\_\_\_

We prefer to receive our invoices via the USPS. Today's Date: \_\_\_\_\_

Applicant's Signature

Date