



# Phoenix Blueprints

## **CREDIT APPLICATION**

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

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

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Federal Identification Number (FEIN): \_\_\_\_\_ - \_\_\_\_\_

1 Bank Reference : Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_

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

**TERMS:** Net 10 days after month end. A statement will be sent by fax or e-mail on the first business day of the month.  
Payment may be made by check or credit card.

**7501 WILES RD. , SUITE 205 CORAL SPRINGS, FL 33067  
PH: 954-708-1100 FAX: 954-708-1101  
Blueprints@phoenixdvlp.com**