

Blue Thumb Distributing, Inc.

5327 N. Michigan Rd.
Saginaw, MI 48604
888.619.3474
989.921.3474
fax 989.921.4666

Confidential Application for Credit

Company Name:

Bill to Address:

Ship to Address:

Contact Name:

Phone:

Fax:

Resale License #:

Federal ID #:

Business Type:

Corporation Partnership Proprietorship

President:

Address:

Bank:

Account #:

Address:

City, State, Zip:

Phone:

Contact:

Date Company Started:

Years at Present Address:

Dunn & Bradstreet #:

Credit Limit Requested:

Please Provide three credit references of frequently used vendors.

Name:

Address:

Phone:

Fax:

Name:

Address:

Phone:

Fax:

Name:

Address:

Phone:

Fax:

The application's signature attest financial responsibility and that the information in this agreement is true and complete, and are provided for the purpose of inducing Blue Thumb Distributing, Inc. to accept applicant's company check for COD shipments or to establish an open account line of credit. Blue Thumb Distributing, Inc. is hereby authorized to obtain any information it considers necessary to process this request from the banks and trade references listed.

Signature:

Title:

Date:

Signature:

Title:

Date:

Please attach a copy of a voided check that you will be using to make payments on this account. If you will be using multiple checking accounts, please mail a voided copy of each check.

GUARANTY

The undersigned has a personal financial interest in the above company applicant for a credit account. In order to induce Blue Thumb Distributing, Inc. to grant credit to the above company applicant, the undersigned hereby personally guarantees payment to Blue Thumb Distributing, Inc. of all amounts owing to Blue Thumb Distributing, Inc. at any time in the future from the above applicant. This guaranty of payment shall remain fully enforceable against the undersigned notwithstanding any action or inaction by Blue Thumb Distributing, Inc. with respect to the above account, including any extensions of time for payment, failure to perfect lien rights, or any other action.

Signature Required:

Date:

Home Address of Above Signed:

Social Security Number Required:
