

# COMPANY PROFILE INFORMATION



COMPANY NAME (Legal Entity Identification)			
STREET ADDRESS _____			
CITY _____	STATE _____	COUNTY _____	ZIP _____
TELEPHONE _____	FAX _____	DUNS# _____	
CONTACT NAME _____		TELEPHONE _____	
TIN# _____	SIC CODE _____		
WEBSITE _____			

SALES TAX EXEMPT      \*\*YES       NO

**\*\* Tax Exemption or Resale Certificate must be attached. Failure to provide form at time of application will result in BlueAlly assessing sales or use tax on the invoice. It is the responsibility of the customer to remit sales or use tax until a tax exemption form is provided to BlueAlly's A/R department.**

<u>ACCOUNTS PAYABLE ADDRESS</u>	<u>ACCOUNTS PAYABLE CONTACTS</u>
STREET ADDRESS _____	NAME _____
_____	EMAIL _____
CITY _____	TELEPHONE _____
STATE _____      ZIP _____	NAME _____
EMAIL _____	EMAIL _____
PLEASE PROVIDE EMAIL FOR INVOICE SUBMISSION	TELEPHONE _____

DO YOU REQUIRE A PURCHASE ORDER FOR ALL ORDERS?      YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE EXCEPTIONS: _____ _____

<u>ENTITY TYPE</u>	<u>BUSINESS DESCRIPTION</u>
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> MANUFACTURER
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> DISTRIBUTOR
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> SERVICE
<input type="checkbox"/> PARTNERSHIP OR LLP	<input type="checkbox"/> NOT FOR PROFIT
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____

<u>TRADE REFERENCE #1</u>	<u>TRADE REFERENCE #2</u>
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Web Site _____	Web Site _____
Account # _____	Account # _____

BANK REFERENCE _____	Phone _____
Address _____	Fax _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_

# TERMS AND CONDITIONS:

MUST BE COMPLETED IN ORDER TO CONSIDER  
OPEN ACCOUNT TRADE CREDIT TERMS



THIS CREDIT APPLICATION AGREEMENT (HEREINAFTER "APPLICATION" OR "AGREEMENT") IS SUBMITTED BY THE ABOVE-NAMED APPLICANT (HEREINAFTER "APPLICANT"), TO BLUEALLY, TO OBTAIN TRADE CREDIT. THE APPLICANT ACKNOWLEDGES THAT CREDIT EXTENDED HEREUNDER SHALL BE USED SOLELY FOR BUSINESS PURPOSES. IN MAKING THIS APPLICATION, APPLICANT AGREES AND UNDERSTANDS THAT ALL ACCOUNTS ARE PAYABLE ON OR BEFORE 30 DAYS FROM DATE OF INVOICE. APPLICANT ALSO AGREES TO PAY LATE CHARGES ON ALL AMOUNTS THAT ARE PAST DUE AT THE HIGHEST RATE ALLOWED BY LAW. IF APPLICANT SHOULD DEFAULT ON ANY PAYMENT, BLUEALLY RESERVES THE RIGHT TO DECLARE ALL INVOICE AMOUNTS DUE AND PAYABLE WITHOUT NOTICE TO APPLICANT.

THIS AGREEMENT SHALL BECOME EFFECTIVE UPON ACCEPTANCE BY BLUEALLY. APPLICANT AGREES TO PROVIDE BLUEALLY WITH UPDATED CREDIT INFORMATION ON REQUEST AND WHERE REQUIRED, TO PROVIDE AN ANNUAL FINANCIAL STATEMENT TO BLUEALLY AS A CONDITION FOR THE CONTINUED EXTENSION OF CREDIT. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE WITHOUT THE PRIOR WRITTEN CONSENT OF BLUEALLY.

APPLICANT AUTHORIZES APPLICANT'S BANK TO RELEASE ANY INFORMATION NECESSARY TO ASSIST BLUEALLY IN ESTABLISHING A LINE OF CREDIT. APPLICANT ALSO EXPRESSLY AUTHORIZES BLUEALLY AND ITS AFFILIATES TO OBTAIN CREDIT REPORTS ON THE APPLICANT BUSINESS FOR USE IN EVALUATING SUCH APPLICATION.

APPLICANT AND APPLICANT'S AUTHORIZED REPRESENTATIVE REPRESENT AND WARRANT THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND IN ANY AND ALL ADDITIONAL DOCUMENTS, FINANCIAL STATEMENTS OR OTHER INFORMATION FURNISHED BY APPLICANT TO BLUEALLY IS TRUE, CORRECT IN ALL MATERIAL RESPECTS AND CONTAINS ALL INFORMATION NECESSARY SO THAT THIS APPLICATION IS NOT MATERIALLY MISLEADING. APPLICANT ACKNOWLEDGES THAT BLUEALLY IS RELYING ON THE ACCURACY OF THE INFORMATION PROVIDED. APPLICANT UNDERSTANDS THAT BLUEALLY MAY REPORT THE PAYMENT HISTORY OF APPLICANT TO CREDIT REPORTING AGENCIES. IN THE EVENT BLUEALLY SHOULD COMMENCE ANY ACTION OR ACTIONS, OR OTHERWISE SEEK TO ENFORCE THIS AGREEMENT AGAINST APPLICANT OR ANY GUARANTOR, APPLICANT AGREES TO PAY REASONABLE COLLECTION AND ATTORNEY'S FEES AND COURT AND OTHER EXPENSES INCURRED BY BLUEALLY, WHETHER OR NOT SUIT IS FILED.

THIS AGREEMENT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NORTH CAROLINA WITHOUT REGARD TO CONFLICT OF LAWS PRINCIPLES. VENUE FOR ANY LEGAL ACTION IN CONNECTION WITH THIS APPLICATION SHALL BE THE STATE OF NORTH CAROLINA, WAKE COUNTY. WHEN REFERENCE IS MADE TO APPLICANT, THE SINGULAR SHALL INCLUDE THE PLURAL AND THE MASCULINE SHALL INCLUDE THE FEMININE.

PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS. IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL. TO OBTAIN THIS STATEMENT, PLEASE SEND YOUR REQUEST IN WRITING TO; BLUEALLY, ATTENTION CREDIT DEPARTMENT, 1255 CRESCENT GREEN, SUITE 300, CARY, NC 27518 WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. A WRITTEN STATEMENT WITH THE REASON FOR DENIAL WILL BE SENT WITHIN 30 DAYS OF RECEIVING THE REQUEST. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT (ECOA) PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME BEING DERIVED FROM PUBLIC ASSISTANCE; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF APPLICANT, I HAVE READ THE TERMS AND CONDITIONS DESCRIBED ABOVE AND APPLICANT AGREES TO SUCH TERMS AND CONDITONS.

NOTE: IF YOU HAVE SUPPLIED PERSONAL DATA IN CONNECTION WITH OBTAINING A CONSUMER CREDIT REPORT. THE INDIVIDUAL AGREEING TO THE TERMS AND CONDITIONS MUST BE THE INDIVIDUAL SUBMITTING THE PERSONAL DATA. IF THEY ARE NOT, BLUEALLY WILL BE SENDING AN EMAIL TO THAT INDIVIDUAL, REQUESTING AGREEMENT TO BLUEALLY'S TERMS AND CONDITIONS, AND AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT. UNTIL THIS AGREEMENT IS RECEIVED, THIS APPLICATION WILL NOT BE PROCESSED.

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

DATE:

EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE: