

CREDIT APPLICATION



1650 Horizon Pkwy #450 Buford, GA 30518
866-99-BLUE1 (866-992-5831)

COMPANY INFO

Legal Company Name: _____
DBA: _____
Address: _____
City _____ State _____ Zip _____
Phone #: _____ Fax #: _____
Year Business Established: _____
Sales Tax Exempt ___ No ___ Yes - If yes please provide applicable certificate(s).
Federal I.D. # _____ - _____
Financial Contact: _____ Phone #: _____ Ext. # _____
Email: _____
Requested Credit Limit: _____
D&B Number: _____ D&B Rating: _____
Name of Owner(s) &/or Principal Officers _____ Title _____

BANK INFORMATION:

Name: _____ Contact: _____
Account #: _____ Phone #: _____
Address: _____ Fax #: _____
City _____ State _____ Zip _____
Release: I _____ authorize _____ to
release credit information regarding my account to Blue1USA. I understand that Blue1USA will keep
this information in strict confidence.

INDUSTRY REFERENCES:

Supplier Name: _____ Contact: _____
Address: _____ Phone #: _____
City _____ State _____ Zip _____
Account #: _____ Comments: _____

Supplier Name: _____ Contact: _____
Address: _____ Phone #: _____
City _____ State _____ Zip _____
Account #: _____ Comments: _____

I hereby certify that the information provided above and attached hereto is correct to the best of my knowledge. I agree to abide by all Blue1 Energy Equipment Standard Terms & Conditions.

Signature: _____ Title: _____
Type or Print Name: _____ Date: _____

FAX this form to: Blue1 Credit Department at (770) 232-9270, or scan and email to ap@blue1usa.com