



**ATLANTIC BLUEPRINT CO., INC
COPY AND PRINTING CENTERS**

1070 OLD NORTHERN BLVD., ROSLYN, NY 11576

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WEBSITE: www.atlanticblueprint.com

ACCOUNT APPLICATION

COMPANY: _____ CORPORATION: _____

ADDRESS: _____ PARTNERSHIP: _____
number street floor

_____ SOLE PROP: _____
city state zip code

PHONE NO: _____ FAX NO: _____

TYPE OF BUSINESS: _____

BILLING ADDRESS: _____ PHONE NO: _____
Number street floor

_____ FAX NO: _____
city state zip code

ATTENTION: _____ TITLE: _____

BANK REFERENCES:

NAME: _____ NAME: _____

ACCOUNT #: _____ ACCOUNT #: _____

ADDRESS: _____ ADDRESS: _____

PHONE NO: _____ PHONE NO: _____

BUSINESS REFERENCES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NO: _____ PHONE NO: _____

DO YOU USE PURCHASE ORDERS? YES ___ NO ___

NON-PROFIT ORG: _____

RESALE: _____

TAX EXEMPT INFORMATION: (ATTACH COPY OF TAX EXEMPT CERTIFICATE)

TAX EXEMPT ID NO: _____

THE FOLLOWING TERMS AND CONDITIONS ARE HEREBY AGREED TO BY ALL PARTIES UPON EXECUTION OF THIS DOCUMENT:

1. PAYMENT IN FULL IS DUE UPON RECEIPT OF INVOICE.
2. IF INVOICE IS A THIRD-PARTY BILLING, I AGREE TO BE RESPONSIBLE.
3. SHOULD THIS ACCOUNT FALL DELINQUENT, THE APPLICANT HEREIN AGREES TO PAY ANY AND ALL COURT COSTS AND LEGAL OR COLLECTION FEES.
4. THE APPLICANT HEREBY GIVES THEIR PERMISSION TO THE ABOVE BANK TO RELEASE TO ATLANTIC BLUEPRINT CO., INC. PERTINENT CREDIT HISTORY SO THAT IT MAY GIVE PROPER CONSIDERATION TO THIS APPLICATION.

ACCEPTED & AGREED _____

(SIGNATURE OF OFFICER)

(PRINT NAME)

TITLE _____ **DATE** _____