bct INDIANA

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APPLICATION FOR CREDIT

BCT now offers the following payment option: *(Complete this portion only if you agree to pay by credit card.)*
We elect to pay using VISA/MC and authorize BCT to do so: Type of card (circle one):   VISA   MasterCard   DISCOVER NETWORK

Name on credit card: _____

Account # _____ Exp. Date: _____ **Security Code (3 digits):**_____

Billing Address for card:_____

Signature _____   Date _____

Business Account Name_____   Date of Application _____

Street Address_____ City _____ State _____ZIP_____

Phone _____   Fax _____   Email _____

Owner's Name _____

Owner's Home Address _____ City_____ State _____ ZIP_____

Owner's Social Security # _____

BUSINESS LOCATION _____ ☐ Home ☐ Store or Office

BUSINESS CHECKING ACCOUNT INFORMATION

Acct# _____ Name of Bank _____

Address _____

Indiana Retail Merchant# (please include a copy of Indiana Retail License)_____

Business type: Retail Printer   Forms Dealer   Home Base Printer/Broker   Other_____

Years in Business_____   **Federal Tax ID**_____

PLEASE LIST THREE BUSINESS REFERENCES FOR CREDIT HISTORY:

Name of Business   Fax Number (must have in order to process application)

1. _____

2. _____

3. _____

CREDIT TERMS
BCT Indiana extends 30-day credit terms to accounts that have a proven positive credit history. If insufficient credit history is provided/avilable, it will be necessary to develop a payment history with our company before credit will be extended. Those accounts will be set up on a C.O.D. basis for a minimum of 90 days. Once an account becomes delinquent beyond 60 days, the account is placed on hold until all past due invoces (31 days and beyond) are paid, at which point the account will return to terms status.
Should you wish to purchase a printing catalog, please notify our Customer Service Department. The price of the catalog is **$80.00.** (Price is subject to change without notification.)

CREDIT AGREEMENT
By signing below you (as the owner of the business) verify all information contained above is accurate, agree to comply with the credit terms as stated, and personally guarantee the account balance for services rendered by BCT Indiana. However, if the customer is either unable or unwilling to sign this form, their verbal or written permission is also deemed as acceptance of the terms and conditions.

Printed Name _____

Owner Signature_____   Date _____

PLEASE FAX COMPLETED FORM TO:
ACCOUNTS RECEIVABLE