



BlueWave Express Management, LLC

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San Rafael, CA 94901

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CREDIT APPLICATION FOR A FLEET ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	ZIP Code:
Date business commenced:		How long at current address?	
Business Type:	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
			EIN:

BANK AND CREDIT INFORMATION

Bank name:		Contact:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type: Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Credit <input type="checkbox"/>	Account:
Bank name:		Contact:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type: Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Credit <input type="checkbox"/>	Account:

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize BlueWave Express to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Signature:	Date:
Print Name:	Title: