



6 LINLEW DRIVE • DERRY, NH 03038  
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## C.O.D. COMPANY CHECK APPROVAL

In order to accept your company's check, we must have all of the following information. Please fill out completely and legibly.  
Be sure to include fax numbers for trade references for quick processing of your application. Thank you for your understanding.  
SIX REFERENCES MUST BE PROVIDED.

FIRM NAME

MAILING ADDRESS

CITY, STATE, ZIP

BILLING ADDRESS

CITY, STATE, ZIP

PHONE

FAX

E-MAIL

NAME

TITLE

HOME ADDRESS

CITY, STATE, ZIP

HOME PHONE

FAX

TYPE OF COMPANY:

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

PRIMARY NATURE OF BUSINESS

ESTIMATED MONTHLY PURCHASES FROM US

YEARS IN BUSINESS

ACCOUNTS PAYABLE CONTACT

ACCOUNTS PAYABLE PHONE #

### BANK REFERENCE

BANK NAME

ADDRESS

CITY, STATE, ZIP

PHONE

ACCOUNT #

### TRADE REFERENCE #1

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

ACCOUNT #

### TRADE REFERENCE #2

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

ACCOUNT #

### TRADE REFERENCE #3

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

ACCOUNT #

### TRADE REFERENCE #4

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

ACCOUNT #

### TRADE REFERENCE #5

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

ACCOUNT #

### TRADE REFERENCE #6

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

ACCOUNT #

Authorization is hereby given by the signer of this credit application to release any and all credit information including bank information for the purpose of determining credit terms. I realize that I am personally responsible for checks issued to Liquid Blue. If I bounce a check, I will replace it with a bank check plus a \$20 bookkeeping charge and a 1.5% finance charge on all past due bills. I will also be held responsible for past due bills owed to Liquid Blue and any fees incurred in the collection of past due bills. (Faxed signature considered binding and same as original.)

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_