

NEW CUSTOMER CREDIT APPLICATION

I WANT TO PAY BY:

P.O. Box 7664, Charlottesville, VA 22906 Tel 434.973.4152 Fax 434.973.6892 teambrandscape.com

7/15

□ PRE-PAY CASH (2) □ PRE-PAY CHECK (2) □ CREDIT CARD (3) □ APPLY FOR CREDIT (4)

Thank you for your order that was placed with Brandscape. Please fax this back to us at 434-973-6892 or send an E-mail to us at accounting@fsr1.com

1. SHIP TO COMPLETIO	N OF THIS SECTION IS R	EQUIRED	•						
			Contact Name				E-mail		
Shipping Address	City		State	Zip	Pł	ione #		Fax #	
BILL TO IS YOUR BUSINESS TAX EXEMPT? I YES I NO IF SO, PLEASE INCLUDE A COPY OF YOUR ST-10.									
Company Name		act Name				E-mail			
Billing Address	City		State	Zip	Pł	ione #		Fax #	
2. PRE-PAY BY CASH PRE-PAY BY CHECK Please make check payable to: First Systems and Resources, Inc., allow additional 10 working days for check to clear.									
3. PRE-PAY BY CR				his order 🗖 K t to apply for				Please complete SECTION 4.	
Billing Address of credit card if diffe		,				City	Sta		
Type of Credit card I MasterCard Name as appears on credit card Credit Card # Expiration Date									
I give permission to charge this order to my credit card and add the 3% convenience fee. CREDIT CARD HOLDER'S SIGNATURE:									
Brandscape will e-mail an invoice reflecting the date and amount that was charged to the credit card upon completion of the job.									
4. APPLY FOR OPEN CREDIT Please allow 3 days for processing. At Brandscape we are committed to processing your application for credit as quickly as possible. Please help us to accomplish our goal by completing this application in its entirety. Inaccurate or incomplete credit applications will unnecessarily delay extension of credit to your company. All custom orders above \$25,000 require prepayment. We thank you for sending a signed, completed credit application. Please make checks payable to First Systems and Resources, Inc.									
Ownership Information D&B			&B#			Does Your Company Require PO's			
Is this company: 🗆 Individually owned (if checked provide spouses name) 🗆 Partnership 🗅 Corporation State of Inc. EIN# (SS# if not a corporation									
If corporation: Officers 1	fficers 2 Officers 3		3 Offic		Office	ers 4 0		Dfficers 5	
Person to contact regarding payme	ents Title		Sales Tax	:# St	ate	Year busine	ess began	Amount of credit requested	
Bank Information:									
Bank Name/Branch				City			State Zip		
Phone #				Acct. No. Contact			Person		
Trade References: Company Name Street Address City, State, Zip Phone # Fax #									
2.									
3.									
STATEMENT OF POLICY Orders from new accounts will not be processed unless preceded by the requested information. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Our terms are Net 30 days. First Systems and Resources, Inc. reserves the right to hold orders if you do not meet our terms.									
In the event of default, I/we agree to pay First Systems and Resources, Inc. the amount past due, a finance charge of 2% per month (24% per annum) calculated monthly on all invoices past due and added to monthly statement, plus any collection and/or attorney fees.									
The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize First Systems and Resources, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.									
Signed		_Date		Title		c	Company		

MUST BE SIGNED BY AN OFFICER OF THE CORPORATION OR OWNER.