



Customer Application

Full Name of Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Fax: _____
 Type of business: (Please circle) Sole Proprietorship Partnership Corporation
 Please attach copies of licenses
 Date Incorporated or Established: _____
 Federal ID #: _____
 Business License #: _____
 Tax Resale #: _____

Email Address: _____
 Paperless Billing: (Please Circle) Yes No *this can be changed at any time
 Billing Email: _____
 Please choose type of account below

COD: This account type requires payment upon pickup or delivery. If the order will have to ship direct, then payment in full is required any time before shipping of the order. Freight is only an estimate and subject to change.

Prepay: This account type will require payment in full in order to get the order into production. Payment can be provided to customer service at the time of order or a card may be kept on file for ease of processing. Freight is only an estimate and subject to change.

Net 30: This account type requires payment in full at 30 days from the invoice date. This is not contingent on the completion of the job or payment from the end user. Freight is only an estimate and subject to change. Please provide only trade references in which you hold an account with terms.

1 – Name _____ PH _____ FAX _____
 Address _____ City _____ ST _____ ZIP _____
 Account # _____ Contact person _____
 2 – Name _____ PH _____ FAX _____
 Address _____ City _____ ST _____ ZIP _____
 Account # _____ Contact person _____
 3 – Name _____ PH _____ FAX _____
 Address _____ City _____ ST _____ ZIP _____
 Account # _____ Contact person _____
 4 – Name _____ PH _____ FAX _____
 Address _____ City _____ ST _____ ZIP _____
 Account # _____ Contact person _____

OWNERSHIP INFORMATION

1 - Name _____ Title _____
SS # _____ DL # _____
Address _____
City _____ ST _____ ZIP _____ PH # _____

2 - Name _____ Title _____
SS # _____ DL # _____
Address _____
City _____ ST _____ ZIP _____ PH # _____

BANK ACCOUNT INFORMATION

Bank Name _____
Address _____
City _____ ST _____ ZIP _____
Account # _____ Phone _____

In order for BDD to accept checks please fill out all the above information

By signing I (We) ask that an account be opened for Myself/Company. In the event that an account is opened, I (We) agree to the following terms and conditions.

1 - The terms agreed upon when account was opened. COD payment due upon receipt of goods. Net 30 payment due 30 days from date of invoice.

2 – In the event that an account becomes delinquent, BDD, INC, reserves the right to charge a finance charge of 18 % per year.

3 – In the event of default, BDD, Inc, reserves the right to cease all business with below signed individual and turn account over to collections and signer will be responsible for all additional fees.

Signature (Owner only) _____
Title _____ Date _____

Please fax completed and signed applications and licenses
to the Accounting Dept in Tucson at 520-325-8558
Or email to brittneys@bddinc.com or tammyr@bddinc.com