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33091 CALLE PERFECTO • SAN JUAN CAPISTRANO, CA 92675  
PH (949) 240-9911 • FAX (949)240-9383 • E-MAIL info@coastalblue.com

## CREDIT APPLICATION FOR NEW AND INACTIVE ACCOUNTS

BILLING NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERS/PARTNERS/PARENT CO. (LIST ALL): \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ RESALE #: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ PROPRIETORSHIP: \_\_\_ PARTNERSHIP: \_\_\_ CORP: \_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

LIST OF PERSONS AUTHORIZED TO USE THIS ACCOUNT: \_\_\_\_\_

### CREDIT REFERENCES:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### CONTRACT OF APPROVED ACCOUNT

The information in this application is true and complete, made for the purposes of establishing credit. Coastal Blue Corporation is authorized to obtain information it considers necessary, from any source, concerning the statements herein. The undersigned agrees to pay all invoices in 30 days from the statement date. (Statement date is the 25 of each month). The undersigned further agrees to pay 1.5% (per month) on past due invoices. In the event it is necessary to incur collection costs or institute suit to collect funds, the undersigned agrees to pay such expenses, including collection agencies, reasonable attorney fees, court costs, etc.

SIGNATURE OF OWNER/PARTNER/CORPORATE OFFICER: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME OF SIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_

# **NOTICE TO CONSUMER**

## **CONSENT TO OBTAIN CONSUMER REPORT FOR CREDIT GRANTING PURPOSES** **(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)**

Thank you for seeking a credit relationship with our company: COASTAL BLUE CORPORATION.

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the extension of credit on open book account and may be obtained for collection purposes in the event of a default.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, DMV records or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report: (Copies of the Privacy Policies of Each Consumer Reporting Agency listed below may be found on the identified websites)

- |  |   |
|--|---|
| 1. EXPERIAN (Formerly TRW – www.experian.com)<br>701 Experian Pkwy<br>Dallas, TX 75013; or call:<br>1-888-397-3742 | 3. EQUIFAX (www.equifax.com)<br>P.O. Box 740241<br>Atlanta, GA 30374-0241; or call<br>1-800-685-1111        |
| 2. TRANSUNION (www.transunion.com)<br>2 Baldwin Place<br>Chester, PA 19022; or call:<br>1-800-916-8800             | 4. APSCREEN (www.apscreen.com)<br>P.O. 80639<br>Rancho Santa Margarita, CA 92688; or call<br>1-800-637-0223 |

## **AGREEMENT AND CONSENT**

**I have read this form completely, and I authorize you to obtain** a Consumer Report, or Investigative Consumer Report, per the outline of available information, above. **I also (by photocopy of this form) authorize Consumer Reporting Agencies**, related or unrelated firms, public, private, government, law enforcement and/or other agencies and/or persons to release information in response to these inquiries, and release same from any and all liability in responding to such inquiries. I also fully indemnify any and all of those associated with this consent against any and all direct, indirect, and/or consequential, or other damages which might arise in the course and process of the use of this consent. I understand that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, The Investigative Consumer Reporting Agencies Act (California) and the Gramm-Leach-Bliley Act.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_