

CREDIT APPLICATION & AGREEMENT

BCS Concrete Accessories

**BCS Masonry
 dba Marvel Building & Masonry Supply**

BCS Rebar

Date _____

COMPANY INFORMATION

Legal Name of Company: _____			
Physical Address: _____	City: _____	State: _____	Zip: _____
Billing Address: _____	City: _____	State: _____	Zip: _____
Phone Number: _____	Fax Number: _____		
Federal Tax I.D. No.: _____	How Long In Business Under This Name: _____		
Contractor License No.: _____	State Tax No.: _____		
Credit Line Requested \$ _____	Do you require a purchase order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require a job name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you require a job number?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT INFORMATION

Accounts Payable Contact: _____			
Phone: _____	Fax: _____	E-mail: _____	
Would you like to receive your invoices via email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you like to receive a monthly statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sales Contact: _____			
Phone: _____	Fax: _____	E-mail: _____	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	

PARTNERSHIP OR PROPRIETORSHIP:

Name _____	Soc. Sec. No. _____
Home Address _____	City, State Zip _____
Title _____	Spouse _____
Name _____	Soc. Sec. No. _____
Home Address _____	City, State Zip _____
Title _____	Spouse _____



CORPORATE HEADQUARTERS
 4502 E. University Dr.
 Phoenix, AZ 85034
 (602) 344-2100 FAX: (602) 437-2242

CORPORATION:

President _____	Soc. Sec. No. _____
Home Address _____	City, State Zip _____
Vice President _____	Soc. Sec. No. _____
Home Address _____	City, State Zip _____
Secretary _____	Soc. Sec. No. _____
Home Address _____	City, State Zip _____
Treasurer _____	Soc. Sec. No. _____
Home Address _____	City, State Zip _____

PRINCIPAL SUPPLIERS

Name _____	Phone _____	Fax _____	E-Mail _____
Address _____			
Name _____	Phone _____	Fax _____	E-Mail _____
Address _____			
Name _____	Phone _____	Fax _____	E-Mail _____
Address _____			
Bank _____	Branch _____	Acct. No.'s _____	
Phone _____	Fax _____	E-mail _____	
Does Company Own Real Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Address _____			
Does Company Own Real Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Address _____			

