



P.O. Box 7664, Charlottesville, VA 22906
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 teambrandscape.com

NEW CUSTOMER CREDIT APPLICATION

I WANT TO PAY BY:

- 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 COMPLETION OF THIS SECTION IS REQUIRED.

Company Name		Contact Name			E-mail	
Shipping Address		City	State	Zip	Phone #	Fax #

BILL TO IS YOUR BUSINESS TAX EXEMPT? YES NO IF SO, PLEASE INCLUDE A COPY OF YOUR ST-10.

Company Name		Contact Name			E-mail	
Billing Address		City	State	Zip	Phone #	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 CREDIT CARD

- Use only for this order Keep on file for future orders

*A 3% convenience fee will be added to all credit card payments.

Do you also want to apply for open credit on future orders? Please complete **SECTION 4.**

Billing Address of credit card if different than above			City	State	Zip
Type of Credit card	<input type="checkbox"/> MasterCard	Name as appears on credit card	Credit Card #	Expiration Date	
<input type="checkbox"/> American Express		<input type="checkbox"/> VISA			
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#		Does Your Company Require PO's	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this company:			<input type="checkbox"/> Individually owned (if checked provide spouses name)		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
State of Inc.		EIN# (SS# if not a corporation)			
If corporation: Officers 1	Officers 2	Officers 3	Officers 4	Officers 5	
Person to contact regarding payments		Title	Sales Tax #	State	Year business 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 #
1.				
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 _____ Company _____

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