

StarBOXES.com

Boxes & Supplies Direct from the Factory

3380 NW 114th Street, Miami, Florida 33167 * Phone: 1-877-826-9371 * Fax: 1-866-855-1596

CREDIT APPLICATION

COMPANY NAME: _____	DATE: _____			
STREET ADDRESS: _____				
CITY: _____	STATE: _____	ZIP: _____	PHONE: _____	FAX: _____
BILLING ADDRESS: _____				
CITY: _____	STATE: _____	ZIP: _____	PHONE: _____	

TYPE OF OWNERSHIP: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

DATE OF INCORPORATION: _____ FEI: _____ YEARS IN BUSINESS: _____

RESALE TAX EXEMPT CERT NO. _____ YEARS AT ADDRESS: _____

NAMES OR PRINCIPALS: _____

TRADE REFERENCES	
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____

BANK ACCOUNT: _____	BANK OFFICER: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
ACCOUNT NUMBER: _____	PHONE: _____

Should you approve this application, I (we) agree to pay for all goods purchased within 30 days following date of invoice. uBoxes, LLC. is authorized to contact any references or banks listed above. Should it become necessary to collect this account through an attorney by legal proceedings or other means, the undersigned, including endorsers, promise to pay all collection costs, including reasonable attorneys' fees plus interest. There will be a \$35.00 charge on all NSF checks returned to uBoxes, LLC.

DATE: _____ AUTHORIZED BUYER/OFFICER: _____ TITLE: _____