



10396 West State Road 84, Unit 103, Davie FL 33324 * 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: _____

FAX: _____ FAX: _____

NAME: _____ **NAME:** _____

ADDRESS: _____ ADDRESS: _____

CONTACT: _____ CONTACT: _____

FAX: _____ 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: _____