



Return this application to:
 CompanyBox
 Attn: Sabrina Gooden
 13347 South Point Blvd.
 Charlotte, NC 28273

CREDIT APPLICATION

FULL LEGAL NAME OF BUSINESS (APPLICANT)		OTHER TRADE NAME(S) (or T/A)	NAME & LOCATION of PARENT COMPANY	
ADDRESS		RELATIONSHIP with PARENT (Branch, Division or Subsidiary)	TELEPHONE NUMBER	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE	FAX NUMBER

ACCOUNTS PAYABLE CONTACT/PHONE & FAX NUMBER/E-MAIL	ESTIMATED MONTHLY PURCHASES \$	ESTIMATED VALUE OF FIRST ORDER \$
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DATE OF ORGANIZATION	TAX STATUS (Must attach copy of exemption certificate) <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt	FEDERAL TAX ID NUMBER	DUNS NUMBER
BUSINESS STRUCTURE <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		TYPE OF BUSINESS or SIC CODE _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Consumer <input type="checkbox"/> Distribution <input type="checkbox"/> Food Service <input type="checkbox"/> Packaging <input type="checkbox"/> Other:	

SECTION A
CFO or CONTROLLER NAME & TEL#

BUSINESS REFERENCES				
NAME		TELEPHONE #	FAX #	
ADDRESS			CONTACT	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE	
NAME		TELEPHONE #	FAX #	
ADDRESS			CONTACT	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE	
NAME		TELEPHONE #	FAX #	
ADDRESS			CONTACT	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE	

The applicant hereby represents that the information contained herein or provided herewith is true and complete as of the date submitted. The applicant hereby authorizes all references listed herein or herewith, including financial institutions to release such information as deemed necessary in connection with this application for credit. These authorization are continuing in nature and may be exercised in connection with any update, renewal or extension of credit under this agreement. The applicant agrees to pay all invoices in accordance with the terms printed on each invoice. No terms or conditions of purchase orders different from those of CompanyBox will become part of any sales agreement, purchase order or other document unless specifically approved in writing by CompanyBox in the event it becomes necessary to place an account with and outside collection agency or attorney for collection, suit or other legal action, the applicant agrees to pay all costs of such proceedings, including reasonable attorney fees. Any action shall be brought in the venue of CompanyBox's choice unless otherwise required by state/province law. Debtor further agrees to interest at a rate of 1.5% per month (or highest permitted by law) on any past due balance should collection and/or legal action become necessary.

CUSTOMER SIGNATURE (Authorized Officer's Signature Required)	DATE	TITLE
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COMPANYBOX'S USE ONLY:

Credit Limit Authorized \$ _____ Approved by _____ Date _____ Sales Rep _____

(Standard terms are Net30 - complete payment terms section only if other terms have been authorized by Corporate)

Payment Terms _____ D&B Rating _____