

~ CREDIT APPLICATION ~ 2 0 2 4

COMPANY INFO						
COMPANY NAME						
DBA (Doing Business As)						
STREET ADDRESS						
CITY, STATE & ZIP CODE						
OFFICE PHONE	FAX		INFO EM	AIL		
IDENTIFICATION / CERTIFICATION	INFO					
TYPE OF BUSINESS				SIC CODE		
				RATING		
CORPORATION	SOLE PROPRIETOR		PARTNERSHIP	rrc 🔲		
OFFICERS / PARTNERS / OWNERS						
<u>NAME</u>		TITLE		EMAIL ADDRESS		
STATE OF INCORPORATION			DATE OF INCORPORA	TION		
PARENT COMPANY (If Division of Subsidi	ary)					
ACCOUNTS PAYABLE INFO						
CONTACT NAME (s)			PHONE			
CONTACT EMAIL ADDRESS						
EMAIL TO SEND INVOICE						
DUDCHASE ODDEDS DEGUIDEDS, VES TO NO TO JE SO DUDCHASING NAME O FMAIL						
PURCHASE ORDERS REQUIRED? YES NO IF SO, PURCHASING NAME & EMAIL PURCHASING PHONE & EXTENSION						
FIBOX - OFFICE USE ONLY						
FIBOX REPRESENTATIVE		SALESMAN _		SHIP TO STATE		
CATEGORY	COST (CENTER		NEW CUSTOMER ID		



~ CREDIT APPLICATION ~ 2 0 2 4

CITY, STATE & ZIP CODE CONTACT NAME & EMAIL	HAD ANY BANKRUPTCY IN PAST		YES NO
COMPANY NAME		ACCOU	NT#
			FAX
CITY, STATE & ZIP CODE			
CONTACT NAME			
OFFICE PHONE			NT#
CITY, STATE & ZIP CODE			
CONTACT NAME			
COMPANY NAME		_ ACCOUI	NT#
STREET ADDRESS			
CITY, STATE & ZIP CODE			
	 PHONE	EMAIL	
COMPANY NAME		_ ACCOUI	NT#
	OFFICE EMAIL		_ FAX
CITY, STATE & ZIP CODE	RUQUE		
CONTACT NAME	PHONE	_ EMAIL	



~ CREDIT APPLICATION ~ 2 0 2 4

TERMS AND CONDITIONS						
It is agreed by the undersigned that: (1) All goods and merchandise sold on open account will be due and payable within thirty (30) days from the date of invoice or other agreed terms; (2) Any sums not paid by 30 days after net due date, or other agreed terms are subject to the service charge legally assessed in your state per month; (3) Applicant shall pay such costs, expenses, and reasonable attorney's fees as FIBOX INC. may incur in any manner of collection of any sums past due. This account application applies solely to firms located at the address indicated on the application. Should the application be granted, all invoices will be delivered to that address. Additional branches or chain stores under the same ownership may be required to file a separate account application or applications and the granting of credit for this application will not guarantee that additional outlets will be opened by FIBOX INC.						
COMPANY NAME	AUTHORIZED SIGNATURE	DATE				
PERSONAL GUARANTEE						
In consideration of the extension of credit by the Seller herein to Buyer herein, the undersigned does jointly and severally guaranty to pay and be responsible for payment of all sums, balances, and accounts due Seller by Buyer, including collection charges and/or attorney's fees. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals of the extensions granted by the Seller, without obtaining any consent thereto, and until expressly revoked by written note from me/us to Seller.						
Any such revocation shall not in any manner affer the acceptance of the Agreement, notice of defau		es existing prior thereto. I/we do hereby waive notice of guired by any statute against the Buyer.				
No delay of Seller's part in exercising any right hereunder or taking any action to collect or enforce payment of any obligations hereby guaranteed, either as against the Buyer or any other primarily of secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudiced Seller's rights against me/us. I/we agree that in the event of any default at any time by said Buyer, Seller shall be entitled to look to me/us immediately for full payment without prior demand or notice.						
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE	DATE				
* PLEASE BE SURE THE FOLLOWING CHECKLIST IS <u>COMPLETE</u> BEFORE SENDING TO FIBOX						
Include (4) Credit References with Email Addresses						
W-9 Form						
3 Page Application						
☐ Blanket Sales Tax Exemption						
Thank you for your interest in Fibox, we'll be in touch soon!						